CHEMIST & DRUGGIST

the newsweekly for pharmacy

January 12, 1991

Boots ready to dispense PIs soon?

Society celebrates 150 years...

...as DoH commits £2m to education initiatives

Liverpool LPC lays out its future for pharmacy

Pharmacy update: the facts on fits and formularies

Finding the time for management

THE LATEST ADDITION TO OUR ORAL HEALTHCARE RANGE

New from Stafford Miller, Search Dental Rinse contains Cetylpyridinium Chloride BP, a proven anti-plaque agent backed by extensive published clinical trials on its actual formulation.[1-7]

As part of the Search Oral Healthcare Programme, Search Dental Rinse is designed to complement daily toothbrushing and flossing. Search Dental Rinse has a new product licence for the maintenance of good oral hygiene and is suitable for all patients with less than ideal plaque control. Results from taste trials[8] indicate excellent acceptability.

Supported by widespread sampling and promotion by the UK's largest dental salesforce, Search Dental Rinse will also benefit from increased brand awareness generated by heavyweight TV campaigns for other Search and Sensodyne products. Search Dental Rinse promises to quickly become a popular new addition to your customers' oral healthcare routine.

So make sure you're well stocked to meet demand!

Search Dental Rinse – the clinically proven anti-plaque rinse you can recommend with confidence.

SEARCH

DENTAL RINSE

Tastefully formulated.
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FROM SENSODYNE

Presentation: 200ml yellow solution containing Cetylpyridinium Chloride BP 0.2000 and phosphate buffers, Ethanol (96%) B.P 14.75% v/v **Indications:** Daily oral hygiene, after dental procedures, prophylaxis in dentistry, symptomatic treatment of minor irritations of the mouth. **Directions:** Adults and children over 6 years: use as part of a good oral hygiene routine. Brush teeth as advised by dentist then rinse with 10ml for at least 30 seconds. May be used full strength or diluted with an equal volume of water / warm if desired. every three hours or as often as required. **Pharmaceutical Precautions:** Avoid storage at low temperatures. **Legal Category:** GSL. **Product Licence Number:** 0036/0051. For further information contact Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL7 3SP. **References:** 1. Holbeche JD et al. Australian Dental Journal 1975;20:397-404. 2. Ciancio SG et al. Pharmacology and Therapeutics in Dentistry 1978;3:1-6. 3. Grenby TH et al. British Dental Journal 1984;157:239-242. 4. Llewelyn J. British Dental Journal 1980;148:103-104. 5. Barnes GP et al. J Periodontology 1976;47:419-422. 6. Lobene RR et al. Pharmacol. Ther. Dent 1979;4:33-46. 7. Roberts WR & Addy M. Journal of Clinical Periodontology 1981;8:295-310. 8. Data on File, Stafford Miller 1990.

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IN THIS ISSUE

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COMMENT

This week the Minister for Health Virginia Bottomley inaugurated the Royal Pharmaceutical Society's 150th anniversary year at the first of a number of celebratory events planned throughout 1991 (see p23). Her praise of the Society's efforts in supporting the pharmaceutical profession were well deserved. Since it was formed in 1841 the Society's core aims, as set out in its charter, have remained steadfast over the years: to advance pharmacy, to promote a uniform system of education, and to protect those who carry on a business as a chemist & druggist — until the 1950s the main pharmacy qualification. It has also been given statutory powers to control the sale of poisons and medicines, and in this latter capacity is unique. Its success in so doing is another reason for pharmacists to take pride in their profession.

In its January 4 issue the doctors' newspaper, *General Practitioner*, chose to criticise the Society's recent call for a review of the legal status of food supplements intended for use as medicines as enlightened self-interest. While no profession, least of all the medical profession, can eschew that aim, the Society's primary intention is to protect the public, and no one should quarrel with that.

From time to time pharmacists have criticised the Society for the manner in which their interests have been represented to the world at large and to themselves — the supervision issue was the last major bone of contention. Then the Society looked to a working party to suggest ways of improving means of communication with members. With a new incumbent as the head of PR at Lambeth and with the opportunity of the sesquicentenary, there is every chance to redress the balance, real or imagined.

Pharmacists should not forget that they *are* the profession and that any disaffection with Council activities or with the work of its officers can be remedied democratically through the branch system and the electoral process. While the fresh, brave voice of a single new Council member can sometimes be drowned by the elder statesmen, any pressure group worth its salt should be able to get a sufficient caucus elected in a three-year period to represent the membership known to it.

As a mere youngster of 132 years we congratulate the Society on its 150th anniversary.

Boost for pharmacy education

English community pharmacists are to be the first beneficiaries of additional funding for continuing education made available to a new Centre for Pharmacy Postgraduate Education. An NHS Steering Committee on Postgraduate Education (SCOPE) is to be set up to provide the strategic lead.

Minister for Health Virginia Bottomley, congratulating the Royal Pharmaceutical Society on its 150th anniversary, made the announcement at a Press conference preceding a reception for healthcare luminaries hosted by the Society to mark the start of a year of celebration. "Postgraduate training and broadening the scope of the pharmacist will ensure this nation can count on the growth, development and expansion of services for the relief of suffering and ill health," she said.

SCOPE — 15 members strong — will be chaired by the deputy chief pharmacist and have just one community pharmacist, Jeremy Clitherow of Knotty Ash. It will be responsible for the postgraduate education strategy for community and hospital pharmacists and for servicing the educational needs of pharmacy in primary and secondary healthcare. The Committee will advise the DoH of the training necessary for competent NHS pharmaceutical practice.

The new Centre will be established by the North West Regional Health Authority and the University of Manchester to co-ordinate the provision and delivery of continuing education for NHS pharmacists. A director will be appointed shortly and the whole initiative will be backed by £2 million in the financial year 1991-92. *C&D* understands that this money — a 54 per cent increase — will have to cover all distance learning, residential and day courses presently organised regionally, which the Department says will cost £1.3m in the present year. The regions will continue to organise local courses until 1992.

Mrs Bottomley says there has been "quite a response by ordinary pharmacists" about their practices to the new role working party for community pharmacists as well as from "experts". "I am sure there are many more pharmacists with innovative practices and ideas to come forward," she said.

Mrs Bottomley concluded by saying she believed the Department's education initiative would complement the work done by the Society as it contemplated the next 150 years of advancing scientific knowledge. Government was active in policy making and would work with doctors and nurses and everyone in the health team to consider health targets. "Certainly pharmacists will play a very important role."

Stone welcomes SCOPE

RPSGB president Linda Stone

Health Minister Virginia Bottomley announces the new steering committee on postgraduate education, listened to by RPSGB President Linda Stone

Medical division of 18th century provides spark for Society flame

The Pharmaceutical Society was founded in 1841 by the leading chemists and druggists of the day to protect their own interests. It is the job the Society has done ever since.

Chemists and druggists gradually emerged as a separate class during the 18th century, apparently to fill a void left by the increasing attentions of the apothecaries to medicine rather than their original practice of pharmacy. In 1703, apothecaries had rebuffed physicians' attempts to restrict them to pharmacy; by the end of the century they had virtually lost pharmacy to chemists and druggists.

The absence of the apothecary from his shop visiting patients created the climate for the emergence of a new class to supply the public with medicines and dispense prescriptions. The first "chemists and druggists" were generally apothecaries who continued to devote themselves to their shops, physicians' dispensing assistants, or pure chemists grasping the opportunity to expand.

The apothecaries fought against this encroachment and a bitter rivalry developed. In 1795 the apothecaries formed the General Pharmaceutical Association of Great Britain to try, unsuccessfully, to petition Parliament to limit the business of druggists to wholesale dealing. And it was largely a further attempt in 1841 by apothecaries to limit the role of chemists and druggists that led to the formation of the Pharmaceutical Society.

The Society that emerged in 1841 was not the first attempt to organise these early pharmacists, but it was the one which lasted the course. Earlier groups, like the 1802 Association of Chemists and Druggists, had had some success in fighting their corner but had eventually dissolved.

The threat to the privileges of chemists and druggists in 1841 came from a Medical Bill which proposed to restrict the practice of medicine to medical practitioners. It would have made it an offence for a chemist and druggist to recommend a remedy or advise how a medicine should be taken.

A committee set up by 40 London chemists and druggists to oppose the Bill achieved its aim, but other legislative measures being contemplated and supported by the Colleges of Physicians and Surgeons and the Society of Apothecaries would have placed chemists and druggists under medical control, particularly by the Society of Apothecaries. The committee felt there should be a proper organisation to represent chemists and druggists.

And it was on April 15, 1841, in the Crown and Anchor Tavern in The Strand, that William Allen FRS, of Plough Court, proposed and John Bell of 338 Oxford Street seconded, that "for the purpose of protecting the permanent interests, and increasing the respectability of chemists and druggists, an Association be now formed under the title of the Pharmaceutical Society of Great Britain".

Just two years later the Society received remarkable recognition in being granted by Government a Royal Charter of Incorporation (helped it is said by the philanthropic reputation and influence at court of William Allen, the Society's first president). The Charter notes that the Society was formed: to advance chemistry and pharmacy; promote a uniform system of education; protect those who carry on the business of a chemist and druggist; and provide a fund for the relief of distressed members and associates of the Society and their widows and orphans.

A century and a half of history

1841 The Pharmaceutical Society of Great Britain formed.
1842 School of Pharmacy established by the Pharmaceutical Society.
1843 Society receives Royal Charter of Incorporation.
1851 Scottish Department established to organise membership examinations for candidates from Scotland and the North of England, and to arrange scientific meetings in Edinburgh. The exams ended in 1970; the

welcomed the establishment of SCOPE and that the chairman of the Society's Education, and Postgraduate Education Committees would be members of the new body along with head of the Education Division.

Mrs Stone said the 150th anniversary year would also mark an important year for the pharmaceutical service as a whole. "As a result of the Government's policy on hospital pharmaceutical services, clinical pharmacy will continue to develop, bringing benefits in care for the patient, and in economy in the use of medicines.

"The 1990 NHS and Community Care Act made possible a new, broader role for community pharmacy, by providing for a redefinition of pharmaceutical services."

The community pharmacy service would continue to be firmly based upon the safe, expert dispensing of medicines, but attitudes to healthcare were changing, and fresh needs were emerging. "Pharmacists are ideally placed to meet these changing requirements."

Pharmacy to save NHS a billion?

Every day six million visits were paid to community pharmacies with one million people asking their pharmacist for free, expert, on-the-spot advice about their medicines or ailments. If just one-third of these are people with minor ailments for which the pharmacist judges he can suggest self-medication, then they are saved an unnecessary visit to their GP. "This represents an estimated saving to the NHS of £15 per person — a saving to the NHS equivalent to £4.5 million a day or £1 billion a year."

Mrs Stone said the range of medicines that pharmacists in Britain can supply remains much more restricted than in some other countries. "We hope to see the pharmacist's armamentarium quickly increase, to include effective treatments for such conditions as wheezy coughs, cold sores and mouth ulcers."

■ "Making a vital contribution to community healthcare" is a leaflet on pharmacy aimed at opinion formers to coincide with the start of the Royal Pharmaceutical Society's 150th anniversary year. It explains pharmacists' skills, services and training and their particular role in primary healthcare. The leaflet is produced jointly by the organisations representing community pharmacists in the UK. Distribution is co-ordinated by the RPSGB.

Sesquicentenary: the main events

June 8 Garden party at Lambeth Palace hosted by the Society.
June 8-14 "Pharmacist in art" exhibition at the Tradescant Trust Museum, Lambeth. Open to public from June 9.
June 23 Family day, reunion and trade show at Scone Palace, Perth organised by RPSGB Scottish Executive (see p55).
September 10 150th Anniversary celebration reception at the Liverpool British Pharmaceutical Conference.
October 1 Reception for the Society by the Corporation of the City of London at the Guildhall.
November 1 Banquet at the Signet Library, Edinburgh, hosted by the Scottish Executive of the RPSGB.
November 16 Banquet at the City Hall, Cardiff, hosted by the Welsh Executive.

■ The Council of the Royal Pharmaceutical Society has announced it has cancelled the banquet to have been held at Guildhall on July 25.

meetings continue to this day.
1852 The Pharmacy Act of 1852 — put through Parliament by one of the Society's founders Jacob Bell, who got himself elected MP for St Albans for the purpose — together with the Pharmacy Act 1868, creates the statutory Registers of Pharmaceutical Chemists and of Chemists and Druggists. Together the Acts (with later Pharmacy Acts), enable the PSGB to attain the highest status of any Society, with its object the protection of members by ensuring that unqualified persons do not infringe their statutory privileges.
1863 British Pharmaceutical Conference founded as separate body (merges with Society in 1923).
1908 The Pharmacy and Poisons Act, together with the Pharmacy Act 1929, gives the Society's Council the power to register by fee payment without examination those producing satisfactory evidence of sufficient skill and knowledge.
1921 The Jenkin judgment (Jenkin v Pharmaceutical Society) establishes that it is not in the objects of the Society to regulate Pharmacy business hours, decide employee wages and conditions or prices of goods, or provide insurance cover for members. The result: the formation of what is now the National Pharmaceutical Association.
1933 Pharmacy and Poisons Act sets up the Statutory Committee with wide disciplinary powers. Membership of the Society becomes mandatory; subscriptions become the retention fee.
1946 Convalescent home established at Birdsgrove House, Ashbourne for members.
1948 Pharmacy becomes an independent contractor profession within the new National Health Service. The School of Pharmacy leaves the Society umbrella for the University of London.
1954 The Society adopts a new constitution following the Pharmacy Act 1953 and the granting of a Supplemental Charter. The objects of the Society are now "to advance chemistry and pharmacy, to promote pharmaceutical education and the application of pharmaceutical knowledge, and to maintain the honour, and safeguard and promote the interests of the members in their exercise of the profession of pharmacy". Chemists and druggists are transferred to one Register of Pharmaceutical Chemists; Fellowships are created; all Pharmaceutical Chemists (PhC) become Fellows.
1968 The House of Lords, in the Dickson judgment, decides that it is not within the powers or purposes of the Society to control selling activities which do not interfere with the proper performance of pharmaceutical duties. The Society had sought to restrict the business of pharmacies to professional and non-professional services as defined by Council.
1968 Medicines Act establishes control over all aspects of the manufacture and distribution of medicines through a system of licensing (enacted 1972). Establishes the General Sale List and Prescription Only Medicine list, so creating the concept of P medicines. Power to control the standards of premises is invested in the Act, but remains unenacted.
1976 The Society moves from the Bloomsbury Square headquarters it has occupied since its founding in 1841, to 1, Lambeth High Street. The Welsh Executive is established out of the Committee of the Society's Welsh Region.
1981 Society establishes College of Pharmacy Practice to maintain a high standard of practice and advance education and training (becomes independent in 1986).
1986 The Nuffield Inquiry into Pharmacy says the Society's role in the future is crucial and says its report gives the Council an opportunity it must not fail to take.
1988 Regal status is bestowed as the Society becomes The Royal Pharmaceutical Society.

More work on Care cards

There should be a full cost-benefit analysis to appraise Care cards compared with alternative means of transferring clinical records between healthcare professionals. And consideration should be given to abolishing the need for paper prescriptions, concludes a report on "The Care card: Evaluation of the Exmouth project", published by the NHS Management Executive (HMSO, £7.75).

Eight Exmouth pharmacies took part in the trial which aimed to evaluate a system of data transfer using a computer-readable, patient-held medical card. Two doctors' practices issued the cards to all their patients, while eight GPs gave them to diabetics and five to patients under five or over 65. Two hospitals and one dental practice were also involved.

Although professional users almost unanimously supported the concept of a patient-held medication record, the Care card received widespread criticism. The main difficulties were the slow access time, too little and/or poorly configured reading/writing equipment at individual sites, and the transient problem of a high card failure rate which was corrected in the course of the trial. The main lesson from the trial was the need to develop a product which meets basic performance criteria, defined in terms of users' time and convenience.

Another finding was that the patient base was too low and the rate of card interactions at all but one site was too low. But the trial found evidence of benefits which were important enough to warrant further work. The pharmacists and dentists found the cards gave them access to data which helped them provide a safer and more effective service to patients.

The report concludes that a larger trial should be staged within a population containing more patients from lower socio-economic classes and different ethnic groups. The trial should have a sufficiently high level of card interactions at each site to obtain a robust evaluation; it should test the possible uses of portable card readers, and pharmacists and dentists should be able to write on the cards.

The Medicines (Veterinary Drugs) (Pharmacy and Merchants' List) (No 2) (Amendment No 2) Order 1990 (SI 1990 NO 2496; HMSO, £3.50), increases the fees for registration of category 1 and category I agricultural merchants and saddlers from January 3. It also updates all four Schedules to the 1990 Order.

Boots to start dispensing PIs?

Boots the Chemists appear to be planning to distribute parallel import lines to their dispensaries in the near future. The first major delivery to the company was made by importers Stephar last week, and it is believed that supplies will be phased in as existing UK proprietary stocks are exhausted.

Boots are understood to have been looking at the PI market seriously since last Spring, and have conducted trials with products in Northern Ireland. In the past the company has raised ethical objections to dispensing PIs through its outlets. However, in the past 18 months all the major wholesalers have succumbed to customer demand and the financial benefits of supplying PIs, and the business has shaken off much of its earlier unsavoury image.

Boots have always enjoyed substantial discounts from UK suppliers on pharmaceuticals, and in the current climate are likely to have switched to PIs mainly on financial grounds. The company is understood to have taken in over ten lines, although nothing like Stephar's full range. If it follows the example of other pharmacy multiples it will not stock PIs alongside the UK brand.

Stephar, whom Boots have chosen as their supplier, already supply Unichem and Kingswood. The contract between the two companies is long term and specifies Stephar as Boots' sole supplier. Stephar UK director Chris Racey confirms that sufficient stock to service all branches has been delivered to Boots: "I am pleased that the largest pharmacy chain is buying from us. It also adds the final touch of respectability to the market."

Boots had not responded to inquiries as *C&D* went to Press.

'Misleading' advert upsets parents

A Christmas advertisement displayed in a Southampton pharmacy was withdrawn after a protest petition from an angry parent who complained that Santa Claus should not be linked with medicines.

The offending display was part of Sterling Health's Christmas campaign and featured Father Christmas with a sleigh full of Winter remedies including Andrews, Coldrex, Solpadeine and Milk of Magnesia.

Michael Brown of Coxford complained to the pharmacist, David Slattery, in a petition with over 20 signatures which read: "It's bad enough that so many of the medicines available on the market look like sweets, let alone advertisements like yours." Mr Brown said that such advertisements could lead to children perceiving medicines as "presents."

Mr Slattery signed the petition himself and removed the display. "I was a little shocked by the complaint," said Mr Slattery, "but I was quite happy to remove it, although children can see that type of advert on the television too."

Sterling Health managing director Gordon Proctor said: "Clearly we would not want to frivolise the taking of medicines. But all the products identified would normally be in the family medicine chest and promoted to the general public." However, he added that Mr Brown's opinion would be seriously considered.

No other complaints had been received about the advert, according to Sterling Health.

Vit E helps in CHD?

Populations with a high incidence of coronary heart disease may benefit from diets rich in natural antioxidants, particularly vitamin E, says a new study in *The Lancet* (January 5).

Investigators examined the relationship between risk of angina and plasma concentrations of vitamins A, C and E and carotene and discovered a three-fold increase with low plasma levels of vitamins E and C.

The relationship between low levels of vitamin E and angina was independent of smoking habits and all other influences which lead to CHD. The relationship between low levels of plasma vitamin C and angina was substantially influenced by smoking.

A low dietary intake of vitamins E and C might favour the development of obstructive lesions in the arteries, increase the chances of thrombosis and impede the normal contraction of the heart muscle, increasing the risk of a heart attack.

This report lends further weight to the need to increase the intake of fruit, vegetables, and vegetable oils, particularly in sections of the population where heart attack rates are unusually high and in those who smoke.

A further study in *The American Journal of Clinical Nutrition* (January) found that a low blood level of vitamin E is the most important risk factor in death from CHD. The authors conclude that "vitamin E and the other essential antioxidant nutients may be expected to be important beneficial factors or even protectors of CHD".

Northern Ireland pharmacists have raised £2,514.76 for Ethiopia. Presenting the cheque to a representative from Concern are Norman Weir (left) and Richard Cregan (right), chairman and past-chairman respectively of the Lurgan Portadown and Armargh branch of the Pharmaceutical Society of Northern Ireland

Ballot papers for pay vote

Members of the Guild of Hospital Pharmacists have until January 30 to vote on their six-month 5.4 per cent pay offer.

Staff side, who are making no recommendation on the offer, had claimed 12 per cent over 12 months. They point out that while the offer matches that given by 12-month deals of 6.5 per cent and 7.9 per cent over the past two years seen elsewhere in the NHS, pharmacists' earnings over the two years will be less. They voice concern that the offer is "not one jot" different from the starting point of October 19.

The offer also proposes the availability of pay supplements of up to 20 per cent on basic pay (30 per cent in the four Thames Regions) to employing authorities who can demonstrate recruitment and retention problems; three days extra leave for A to C grade staff with more than five years service, and London allowances.

FHSA agrees to pay service committee GPs

After reports that an unnamed Scottish health board had agreed to pay GPs a fee for sitting on service committees (*C&D* December 29, p1071) comes the news that a large, again unnamed, family health services authority has reached a similar agreement.

The report says the GPs will receive a "three figure sum for each half day spent on service committees and *ad hoc* working groups" (*Pulse*, January 5). The total cost to the FHSA is estimated at around £8,000 per annum.

In addition, GPs in Liverpool are to be paid £29.70 for any service committee they attend, but by the Local Medical Committee rather than the FHSA.

Jeremy Clitherow, pharmacist member of Liverpool FHSA, reports that the number of service cases against pharmacists in Liverpool per annum is "miniscule" and compares favourably with the number of medical cases. He recommends that other LPCs examine the situation regarding payment if and when it arises. "The sensible move would be to include in the budgets for April a contingency fee for members' expenses," he says.

Mike Levitan, secretary of the Middlesex group of LPCs, says the situation in Liverpool amounts to contractors subsidising other contractors. However, he can not see this becoming the norm.

Commenting on the story of the "three figure" payment, Mr Levitan says that any payments should apply equally to all other contractors.

Norman Sampson, the pharmacist member of Leicestershire FHSA, admits that the agreement was news to him. "If this is adopted by one FHSA it's going to be difficult for others to resist," he says.

Explain more!

Pharmacists and doctors need to spend more time explaining treatments to patients, says the latest *Drug and Therapeutics Bulletin*.

Advice must focus on aspects of compliance that are essential for patient care. Some apparently poor compliance reflects confusing or conflicting instructions, and in some cases patients may be right to stop taking a medicine. Doctors should encourage patients to ask questions and talk about side-effects, and even to make a written note of the instructions, says the *Bulletin*.

Compliance can also be improved by keeping dosage regimens as simple as possible. But one-a-day regimens are not always the best, it continues. Doctors should consider using regimens which remain effective and safe despite partial non-compliance.

BRIEFS

The ban on Skoal Bandits oral snuff has been lifted, following December's judicial review of the Oral Snuff (Safety) Regulations 1989. The High Court found the Secretary of State for Health to have unlawfully concealed from the manufacturers important scientific advice which led to the ban. The DoH is considering this new situation and is expected to make an announcement shortly. RPSGB agreed in 1985 that pharmacists should not sell Skoal Bandits and similar non-smoked tobacco products. The manufacturers of Skoal Bandits are reviewing all relevant factors prior to determining any future policy within the UK.

The National Pharmaceutical Association is to organise a nationwide series of seminars on the role pharmacists can play in helping people to give up smoking. The NPA, which has in the past backed the National No Smoking Day Campaign, is to join forces with Lundbeck Ltd, manufacturers of Nicorette, for the seminars which will be based on a successful series previously aimed at doctors and practice nurses. The seminars will be organised when the change from POM to P of Nicorette 2mg is confirmed. An announcement is expected shortly.

The Rural Dispensing Committee anticipates it will be disbanded by mid-Summer although further applications are still expected. It is dealing with applications received before September 17, 1990, apart from those where the FHSA has decided to review the area concerned. LPCs and LMCs will continue to have the right of appeal to the RDC until March 31.

Liverpool LPC lays its plans

Regular meetings with doctors, access to the Health Authority's mainframe computer, drug testing for GPs, and payments for continuing education, PACT involvement, and advising the public are among proposals made by the Local Pharmaceutical Committee to Liverpool Family Health Service Authority.

The proposals towards implementing the White Papers "Promoting better health" and "Working for patients" were adopted by the LPC in December and sent to the FHSA. An open meeting with local contractors was planned for January 9, as *C&D* went to Press. This will be followed by a meeting with senior FHSA officers in March.

LPC member John Donoghue told *C&D* that the Committee sees the current NHS reforms, the creation of the FHSA and the talks with the Department of Health on the new roles as a time of opportunity to be taken full advantage of. "It's right that the LPC should look to the future and want to have an influence on the development of the profession, and with this in mind we've issued this document," he said.

Mr Donoghue believes that other LPCs should follow Liverpool's initiative. "Actions speak louder than words," he said, "and we in Liverpool have taken this action which we hope will be the new shape of the practice of pharmacy."

The LPC proposals include the creation of a forum to improve relations between doctors and pharmacists. As an extension to their role in patient medication records, the committee believes pharmacists should have access to the Health Authority's computer to check medical histories.

Participation in continuing education should be seen as an item of service with fees for attendance at approved courses, says the LPC. Pharmacists could act as teacher/practitioners for student and community nurses, trainee GPs, and residential home staff among others. Pharmacists could also provide training to the local Education Authority. The LPC is also willing to set up an ethical committee on protocols for pharmacy practice research.

The lack of FHSA investment in healthcare promotion is to blame for the limited involvement by pharmacists, says the LPC.

The LPC would also like to see payment in recognition of the advice given to patients and to GPs regarding PACT data. In addition, pharmacists could offer a service including therapeutic drug monitoring either to the FHSA or direct to budget holding GPs. A service with local availability would reduce waiting time for results and the workload for hospital laboratories.

The LPC has also called for an extended definition of residential homes.

Cambs FHSA is 'prototype'

Cambridgeshire Family Health Services Authority is attempting to develop itself into a "prototype" FHSA in conjunction with the NHS Training Authority and the Kings Fund College. Its progress will be reported to other Authorities in early Summer. Cambridgeshire FHSA was chosen because it has nine new members out of 11. It says it will adopt a business approach, where value for money will be maximised. Another aim is to improve public health education.

Discussing the development of pharmaceutical services, general manager Geoff Meads says: "The Authority has taken a stronger position than its predecessor, the family practitioner committee. The Authority wishes to encourage and promote the development of pharmacy in every locality as a basic service to the public in the same way as services provided by doctors and dentists, as to the principle that GPs prescribe and pharmacists dispense."

TOPICAL REFLECTIONS

by Xrayser

DoH to cover flu losses

The Department of Health is having to underwrite the cost of producing the emergency flu vaccines that falling demand is leaving on the shelves.

Evans Medical Ltd made available an additional one million vaccines following reported shortages before Christmas (*C&D* November 17, p874). However, only 200,000 of these extra doses have been sold.

Roly Bufton, director, international at Evans, confirmed that demand had fallen off. The DoH took a gamble, he said, as "they wanted to be sure that if an epidemic or a near epidemic did take place there was no shortage of vaccine".

As the formula of flu vaccines changes each year, it is unlikely that last year's stock will be of use in the 1991-92 season. Mr Bufton was unwilling to put a figure on the cost of the unused stock but confirmed that the DoH had unwritten the cost of production which was around the cost price.

Bob Cox, Merieux UK's director of sales, also confirmed that there was little demand for the vaccines at present. He estimated that there were between 750,000 and one million unused doses in the country, "but not ours", he said. It was impossible to predict the occurrence of outbreaks and hence any increase in demand.

According to Duncan Lawson, product manager at Duphar, demand always drops off at this time of year. "Christmas kills it," he said. Duphar still have "reasonable" supplies.

Bulk scripts

Bulk prescribing was abolished for Prescription Only Medicines on January 1, and pharmacists in England and Wales should no longer dispense these scripts. (*C&D*, October 6, 1990).

Bulk prescriptions are now restricted to items included within the current British National Formulary, other than those on the selected list and drugs classified as POMs. Doctors' terms of service have also been altered to permit the prescribing of dressings on bulk prescriptions provided that they do not contain a POM medicine.

■ The Pharmaceutical General Council (Scotland) has said that in view of the short notice given to recently blacklisted products, the Department has indicated that prescriptions written before February 1 will be honoured.

Herbal smokescreen

Pharmacists have always been in the forefront of anti-smoking campaigns and this reformed smoker is no exception. I spend a lot of time counselling the penitent and stock a variety of products all designed to assist their ambitions but I have *never* stocked herbal cigarettes.

I was surprised then, to receive an invitation from Medicopharma to stock Honeyrose non-tobacco cigarettes as an aid to giving up smoking. I agree they are tobacco and nicotine-free but nevertheless when smoked they are just as lethal. As a pharmacist I have always taken a firm position on smoking and I consider it to be as unethical to sell tobacco substitute cigarettes as it is to sell the real thing. Giving up tobacco by using herbal cigarettes is merely a smokescreen to enable the confirmed smoker to continue his habit with his conscience assuaged, but with his health just as compromised.

Community pharmacists should not stock either tobacco or its substitutes and neither should the wholesalers.

Need to know...

The granting of product licences for herbal preparations, and Potters anticipate over 150 by the end of this year, puts a welcome responsibility on the community pharmacist, but the pharmacognosy I was taught as a student provided me with totally inadequate knowledge of herbal remedies. In the recently published Spring postgraduate courses I could find no mention of herbal medicine. Course organisers, please make note, this is an opportunity you ignore at your peril! Herbal training courses are urgently needed and here is at least one community pharmacist hungry for that knowledge.

In sympathy

How I empathised with my Northern Ireland colleague and his gloomy prognosis (*C&D* January 5, p5). It is small consolation that Britain is faring no better. A conspiracy of Government and big business is contriving to force the closure of small pharmacies without any thought for the consequences. PSNC meanwhile wrings its hands in deep despair and apparent inactivity. The promise of Utopia beckons from yet another working party but for many small pharmacies it will be too late, having already been sacrificed on the altar of Treasury expediency. It may still be the pantomime season but in 1991 I fear there will be no Fairy Godmother to rescue us from the Wicked Witch.

Time for a new one!

The number of private prescriptions I dispense has steadily decreased over the years, but when they were a substantial proportion of the total it was a constant irritation that while I faithfully followed the pricing structure recommended by the Society, other pharmacies devised their own systems and undercut my fees.

Time has slowly reduced the problem, and with the introduction of the NHS blacklist it virtually disappeared because the new scale from the Soceity was realistic and almost universally adopted. Nearly six years on it no longer is. The private patient expects the cost of medication to be at least the same as, or more than, the NHS charge but with the pricing of, for example, 30 oxytetracycline tablets at £1.40 even the patient is incredulous!

I would prefer that the Society publish new guidelines but in their absence I have resolved to charge at least the price of an NHS item and £2 plus 50 per cent thereafter.

L'ORÉAL PARIS

PLÉNITUDE,

SKINCARE'S FASTEST GROWING BRAND IN 1990, WILL NOW GROW EVEN FASTER WITH

CONTOUR REGARD

EYE CONTOUR CREAM GEL.

Contour Regard. The latest new business innovation from L'Oréal.
When Plénitude Action Liposomes was launched, it gave the skincare market a dramatic lift.

Now, L'Oréal is launching Plénitude Contour Regard.

Using Plénitude liposomes, Contour Regard firms up the particularly delicate skin around the eyes. Reducing lines, puffiness and shadows.

Giving high performance at an accessible price, Plénitude is already the second biggest brand in skincare.

Multi-million pound launch package.
With all the innovation of Contour Regard, L'Oréal are making sure business complexions are better than ever.

- £3 million on television advertising beginning March.
- Double page advertising in women's magazines.
- Free trial sachets for 3 million women.
- Free samples with other Plénitude products.
- An expanding range for a growing market.

L'ORÉAL

PLÉNITUDE

DELAYS THE SIGNS OF AGEING.

Unbeatable deals to boost your January sales.

How's this for getting both the new year and our new promotion off to a great start?

Just as we promised, best selling products at the lowest prices around, so all our members can make the biggest possible profit on return.

Product	P.O.R.
Elastoplast	
Fabric	33%
Clear	33%
Airstrip	33%
Washproof	33%
Waterproof	33%
Lil-lets	
Mini	33%
Regular	33%
Super	33%
Super Plus	33%
Grafic	
Gel Spray	35%
Power Gel	23%
Shaping Gel	23%
Wet Look Gel	23%
Mousse Fixe	23%
Volu Mousse	23%
Volume Spray	30%
Revive 'N' Curl	30%
Spray Fixe	23%
Twist 'N' Curl Kit	33%

Product	P.O.R.
Simple	
Soap	36%
Moisturising Lotion	40%
Cleansing Lotion	40%
Skin Tonic	40%
Night Cream	40%
Shaving Foam	40%
Talc	40%
Shampoo	40%
Conditioner	40%
Hairspray	40%
Eye Make-up Remover	40%
Canderel	
Tablets	36%
Spoonful	36%
Flix	
Tablets	35%
Granular	35%

Beat the rush. Order up plenty now. And let our January Sales help yours.

Here's to a happy and prosperous 1991!

UniChem

HELPING YOU BUILD YOUR BUSINESS THROUGHOUT THE YEAR.

SCRIPT SPECIALS

Prostap is LHRH agonist for prostatic cancer

Lederle have launched Prostap SR, a depot injection containing leuprorelin acetate, for the treatment of prostatic cancer.

It is the second leutenising hormone releasing hormone product licensed for this indication in the UK (the first is ICI's Zoladex). It is 80-100 times more potent than the natural hormone; the depot formulation releases the equivalent of 1mg of leuprorelin daily, which acts indirectly to supress testosterone production, resulting in "medical castration".

Although orchidectomy (surgical castration) is still the most popular form of management for prostatic cancer (of which there are some 8,000 new cases each year), LHRH agonists can be used as a long-term alternative, or in the short-term prior to surgery, or until it is known if the tumour is hormone dependent.

Prostap's USP, say Lederle, is that because the drug is contained in microcapsules, once suspended in the vehicle provided, it can be injected using "normal-sized" 23 gauge needles. The use of a local anaesthetic, often needed with Zoladex, can therefore be avoided.

The two-fold advantage is that GPs will be more willing to inject sufferers rather than sending them back to the hospital, and sufferers will be more willing to have the injections; these both add up to an improved quality of life, say Lederle.

Another plus for Prostap, which costs the same as Zoladex, is that the tamper-evident pack contains everything that is needed for the injection, including two Medi Swabs, two needles, and an information leaflet with illustrated directions for administration. There is no reason why patients can not be taught to inject themselves, say Lederle.

They will be promoting Prostap to hospital urologists. Further uses for Prostap, including premenopausal breast cancer, are being investigated, say Lederle. It is licenced in the US and Italy for endometriosis.

Manufacturer Lederle Laboratories, Fareham Road, Gosport, Hampshire PO13 0AS
Description Vial containing 3.75mg leuprorelin acetate in a sterile, lyophilised, white, odourless PLGA microcapsule powder, plus prefilled syringes with 2ml of clear, colourless, slightly viscous, sterile vehicle for reconstitution, containing sodium carboxymethyl cellulose 10mg, mannitol 100mg, polysorbate 80 2mg in water for injection
Uses Treatment of advanced prostatic cancer
Dosage *Adult men* 3.75mg as a single subcutaneous injection every four weeks. Therapy should not be discontinued when remission or improvement occurs. The injection site should be varied periodically. Prostap can be given by intramuscular injection
Contra-indications, warnings, etc No known contra-indications. In initial stages, a transient rise in levels of testosterone and other hormones may occur. This may be associated with a "flare" or exacerbation of the tumour growth resulting in temporary deterioration of the patient's condition. These symptoms usually subside on continuation of therapy. Systemic or neurological symptoms may occur. To reduce the risk of flare, an anti-androgen may be administered three days prior to leuprorelin therapy and continued for the first few weeks of treatment. This has been reported to prevent the sequelae of an initial rise in serum testosterone. Patients at risk of ureteric obstruction or spinal cord compression should be considered carefully and closely supervised in the first few weeks. They should be considered for prophylactic treatment with anti-androgens. Should urological/neurological complications occur, these should be treated appropriately. If an anti-androgen is used over a prolonged period, due attention should be paid to the contra-indications and precautions associated with its extended use. Patients with urinary obstruction and those with metastatic vertebral leisons should begin therapy under close supervision for the first few weeks (see Data Sheet)
Side-effects Mainly due to increases and decreases in certain hormone levels. With flare, exacerbation in symptoms or signs may include, for example, bone pain, urinary obstruction, etc. Impotence and decreased libido will be expected. Often hot flushes and sometimes sweating. Other effects infrequently reported include peripheral oedema, fatigue, nausea, and irritation at the injection site
Supply restrictions POM
Packs Vial containing microcapsule powder, plus pre-filled syringes containing 2ml vehicle (£125.40 trade)
Product licences Vials 0095/0218, syringes /0220 (Cyanamid GB Ltd)
Issued January 1991

Exosurf Neonatal

Wellcome have introduced Exosurf Neonatal, an injection indicated for the treatment of newborn babies of 700g or more undergoing mechanical ventilation for respiratory distress syndrome, whose heart rate and arterial oxygenation are continuously monitored.

It is supplied as a vial of white, sterile, freeze-dried powder containing 108mg colfosceril palmitate, with a vial containing 8ml sterile water for injections (£314.29 trade) The total requirement to treat one baby will normally range from two to four vials, say Wellcome.

The company expects that demand will be entirely from hospitals which have neonatal intensive care units with facilities for mechanical ventilation. *The Wellcome Foundation Ltd. Tel: 0270 583151.*

BRIEFS

Crookes' Bath E45 is now available on FP10 prescription. *Crookes Healthcare Ltd. Tel: 0602 507431.*
Steriseal's Sorbsan 10cm × 10cm calcium alginate dressings (10 £12.20) are now available on FP10 prescription. *Steriseal Ltd. Tel: 0527 64222.*
CP Pharmaceuticals are launching Arthroxen tablets, a branded form of naproxen. It is available in blister-packs in strengths 250mg (60 £6.22), and 500mg (60 £11.72, both prices trade). *CP Pharmaceuticals Ltd. Tel: 0978 661261.*
Novex Pharma, a division of Innovex Medical Products Ltd, have taken over the marketing of Trosyl nail solution from Pfizer. The price remains unchanged. *Distributors: Farillon Ltd. Tel: 04023 71136.*
Stafford-Miller have introduced a 100g pack of Alphosyl cream to replace the current 75g. The change has been made in light of recent pack size standardisations offering greater convenience for the consumer, says the company. The Data Sheet has been updated. Changes have also been made to the Data Sheets for Quellada and Alphosyl HC. *Stafford-Miller Ltd. Tel: 0707 331001.*

Salesmen of the Year, 1991.

Admittedly, they don't look like your average salesmen. That's because they're not.

Instead of punting Hacks and Victory V's up and down the country in the boot of a Cavalier, they'll be appearing on television.

In two TV commercials with a whacking £1.5m* behind them. And around 19 million viewers in front of them.

Which means a lot of your customers are going to be hopping in for a packet of Hacks. And Victory V's, our warming lozenge, will be selling like hot cakes.

Be prepared by stocking up with Victory V's and Hacks now.

That way, as far as your sales are concerned, it's going to be the hottest winter on record.

BARKER & DOBSON
18 34

*National equivalent expenditure.

COUNTERPOINTS

Two more for Piz Buin

This year sees the launch of two new Piz Buin suncare products from Ciba Consumer as well as a range improvement in UV-A protection.

Beach cooler (£4.99) has been formulated to help ease any discomfort caused by heat.

It is an oil free, pump spray with a double action formula which is said to lower the temperature of the skin by reducing the heating effects of infra-red radiation. The company claims that the cooler causes an immediate and sustained drop in skin temperature of 5°C.

The second product to join the portfolio is SPF 4 oil free lotion, (£7.50) designed for consumers looking for low to medium sun protection.

A move towards lighter formulations has been particularly pronounced in Europe, say Ciba and they expect this pattern to continue in the UK. The new product is said to offer protection against both UV-A and UV-B rays and is waterproof.

The company has also increased its UV-A filters for 1991. Piz Buin now comes with a guarantee that all products contain a protection ratio of 2:1.

Although the company's SPF 12 cream is already available on prescription, it is now joined by the SPF 12 lotion and SPF 24 lotion and the sun allergy lotion has also also been accepted as a prescribed product for protection against UV-A induced photodermatosis. *Ciba Consumer Pharmaceuticals. Tel: 0403 50101.*

Crookes take E45 into the sun

Crookes are taking their E45 range into the sun protection market with the introduction of Sun E45 which is said to be free from all chemical sunscreens.

Crookes also claim that Sun E45 is the only sun protection range to use a range of different sized particles of micro fine titanium dioxide specially blended in a formulation that prevents their aggregation.

The range comprises three waterproof products: UV-A/UV-B sun-block cream SPF 25 (75ml £5.99); ultra UV-A/UV-B protection lotion SPF 15 (150ml £7.49) and high UV-A/UV-B protection SPF 8 (150ml £6.99). All three formulations have been allergy screened and dermatologically tested for skin tolerability and are perfume and lanolin free. This makes them particularly suitable for those with sensitive skins, says the company.

Sun E45 comes packaged in a white gloss carton with orange, yellow and blue graphics in the E45 logo. Because the product contains titanium dioxide, it should be applied sparingly in small dots over the skin and then rubbed in well, say Crookes. They add that the product will not whiten the skin.

To help pharmacy staff to provide advice on suncare, Crookes have produced a guide entitled "Dermatological protection for sun sensitive skins". A summary of this will be mailed to all pharmacies during March and those wishing to receive the full publication will be given the chance to do so.

A pharmacy training video is also planned for release later in the year.

To aid in-store display Crookes have produced window display material along with a shelf edger. A counter display unit has also been introduced.

Finally, a £750,000 advertising campaign will support the introduction of the new suncare range. *Crookes Healthcare. Tel: 0602 507431.*

Warner Lambert Confectionary are running a promotion designed, to emphasise Halls Mentho-Lyptus nose and throat benefits. Sniffling DJs and TV presenters are being given a "Winter Rescue" kit containing Halls Mentho-Lyptus, whisky and a handkerchief. *Warner Lambert Confectionary. Tel: 061-766 5471.*

Griptight's Sof'Soother baby soother is now available on cards of 10. Each card contains two colours of soother — blue and pink or lemon and mint.

Retailing at around £0.85 the soother conforms to BS5239, 1988, and is claimed to be soft and durable. *Griptight Ltd. Tel: 021-414 1122.*

Ambre Solaire is updated

Several new initiatives are spearheading Laboratories Garnier's campaign for their Ambre Solaire suncare range for 1991, including new products and a new formulation.

The company says that formulations in the high protection category have been updated to improve the level of protection against both UV-B and UV-A rays. They now also offer the added protection against infra-red rays. A vitamin E complex has been added to help combat the ageing process brought about by the sun.

A facial bronzer is the first new product. The self tanning product (£5.99) has an SPF of 2.

Also new is a multi-active aftersun replenisher said to soothe, moisturise, and help to rehydrate the skin (£5.99).

Finally, the company has introduced a hair revitalising shampoo (£2.69) said to help eliminate the damage caused by the sun. It has been introduced to complement the existing conditioner and protective hair gel.

Laboratories Garnier promise a strong advertising campaign to support the range this year with Press and television activity. Trial size facial bronzer sachets will also be distributed through the Press. Display material and POS units will also be available. *Laboratories Garnier Ltd. Tel: 071-937 5454.*

Maws upgrade

Maws have increased the sun protection factor (SPF) of two of their suncare products in answer to demand for higher SPFs, says the company.

The Maws Suntime sun block (40ml £4.15) has been reformulated as a factor 20 water resistant cream.

Suntime sun and wind cream has been upgraded from factor 7 to 15 (80ml £4.15). *Maws (Addis) Ltd. Tel: 0992 584221.*

Roc fights skin ageing

Roc Laboratories have developed Actium said to protect the skin against attack from destructive enzymes collagenese and elastase.

Roc say research carried out at the Foundation for Research into Connective Tissue in conjunction with the company led to the discovery of histo protector collagen elastin (HPCE), which acts as a shield against attack from enzymes. Actium also contains centella.

Actium will retail at £18.95 for a 40ml container with regulating pump. Mini samples (5ml) will also be available.

It has a light, cream texture, is hypo-allergenic and suitable for all skin types, say Roc, and should be applied morning and evening. *Roc Laboratories (UK) Ltd. Tel: 071-823 9223.*

Blackmores' new cleanser

Blackmores have introduced a foaming cleanser containing papaya extract to remove excess oil, grime and make-up without stimulating the sebaceous glands, says the company.

Papaya foaming cleanser is an alternative to soap and particularly suitable for normal, oily and problem skin types. The product is not tested on animals, claims the company.

The cleanser is lathered on the face and neck and then rinsed with warm water. The skin is left feeling soft and silky, say Blackmores, without dryness.

It comes in a 75g tube and retails a £3.95. *Blackmores. Tel: 0753 683815.*

Hawaiian Tropic gets a face lift

Warner Lambert Healthcare claim to have "transformed" the Hawaiian Tropic suncare range for this season with all products now repackaged and colour coded.

Starting this year, the range will be colour coded with lighter colour packaging denoting a higher protection formula. Now the sunblock comes in white; baby faces and tender places in pink, sunscreen lotion and cream in light cream; protective tanning cream, lotion and spray oil in dark cream; dark tanning cream, lotion oil and spray oil in light brown and professional tanning cream, lotion, oil and spray oil in dark brown.

The company has also introduced a more distinctive Hawaiian Tropic logo for the new packs and all products in the range have now been made fully waterproof.

The Hawaiian Tropic range is also being extended for 1991 with the introduction of five new products.

Sun Screen lotion SPF 8 (200ml £7.25) is said to be suitable for facial tanning and children; dark tanning spray SPF 4 (200ml £7.25) offers medium protection in a dry oil formula which is applied with an ozone friendly pump; dark tanning cream SPF 4 (100ml £5.50) gives medium protection to normal skin; aftersun moisturiser (200ml £5.20, 300ml £6.75), and lastly the company has introduced a baby faces and tender places aftersun for delicate and sensitive skin (200ml £5.75).

A £750,000 advertising campaign in the women's Press and a national poster campaign will support the range.

The company is also investing in a radio advertising campaign for the first time. *Warner Lambert Health Care. Tel: 0703 620500.*

Pharmaton and Unichem are running a sales incentive throughout this month for all pharmacists who stock Pharmaton capsules. For displaying a Pharmaton window poster, featuring celebrity Liza Goddard, they will be entitled to a free hand and bath towel set. A photograph is needed as proof of display. *Unichem. Tel: 081-391 2323.*

Two from Chattem

Chattem UK have launched a trial size of the Ultraswim antichlorine shampoo available in packs of 12 (£0.69 for 2oz bottle).

Ultraswim is the official shampoo of the GB swimming teams, which will be emphasised on the shelf edgers and display units provided.

Also new from Chattem is a pack containing a free sachet with every purchase of the company's facial cleansers Mudd mask (£2.07), Mudd sensitive (£2.25) or Mudd scrub plus (£1.95). Shelf edgers and display units are provided.

The Mudd range will be supported by a £300,000 advertising campaign over the year. *Chattem UK. Tel: 0256 844144.*

Anadin Paracetamol will be advertised on nationwide television, including TV-am and BSkyB, beginning this month. The six week campaign, costing £600,000, is targeted at headache sufferers, and features the previously successful "bathroom" commercial, say *Whitehall Laboratories. Tel: 071-636 8080.*

Numark are extending their range of vitamins and supplements to include one-a-day cod liver oil capsules (30 £1.79), one-a-day garlic perles (30 £1.85), evening primrose oil capsules (60 £3.85), multivitamins and minerals (30 £1.89), and one-a-day children's vitamins plus iron (30 £1.29). Packs come in outers of six, offering a POR of at least 25 per cent, say Numark Management Ltd. Tel: 0827 69269

Collection 2000 goes all red

Collection 2000 is launching the Red range to coincide with Valentine's day, aiming to bring "high fashion products at affordable prices".

It comprises bright red lipstick and nail polish (£0.79 each) and red lip glaze (£1.09). To complete the look Collection 2000 suggest one of their new fragrances, Unbeknown, which they claim is "daring and seductive."

The new range of 12 fragrances retail at £2.99 for a 50ml bottle and there is one to suit every mood, says the company.

None of the products are tested on animals, say *Collection 2000. Tel: 0636 892078.*

Fidji are offering a free collection of beauty accessories with every purchase of their 25ml eau de toilette from April.

The collection includes a battery powered beauty centre with facial and nail care attachments, teamed with a towel embroidered with the "Fidji, Guy Laroch Paris" logo. The gift is in a coffret, together with moisturising body lotion and bath and shower gel. *Parfums Guy Laroche. Tel: 071-937 7207.*

Hair raising products from Unichem

Unichem are introducing six new products into their own-brand hairstyling range.

The new products include hairspray, mousse and styling gel and have been introduced to complement the existing haircare products in the Unichem portfolio.

The hairspray comes in a 200ml ozone friendly spray in normal and extra hold (£0.79); normal and extra hold mousse come in 150ml cans (£0.99) and wet look and extra hold gels come in 125ml tubes (£0.89).

Unichem will be launching the range with a special introductory offer. Customers buying one pack of each product will get a 17.5 per cent discount (total trade £43.20, offer price £35.62). *Unichem. Tel: 081-391 2323*

Bourjois classic shades

Bourjois back the classic style with their Les Classiques Spring collection, comprising warm and cool shades.

The warm tones, Les Chauds, include matt eyeshadow (£3.25) in an earth brown tone and a pinky beige. Powder blusher (£3.75) comes in a soft dusty pink and lipstick (£2.95) in pearlised pinky-brown.

Cool shades for fair complexions, Les Frais, comprise matt eyeshadow in soft grey and pink, blusher in matt pink and creme lipstick in blue-pink.

Bourjois Cil a Cil mascara containing keratin comes in blue and black (£3.25). *Bourjois Ltd. Tel: 071-499 2605.*

Max Factor look to Spring

New from Max Factor is Ivory Coast, a Spring range of natural looking shades. Lasting colour lipstick (£2.95) is available in pink, plum and coral and comes with matching nail enamel (£2.59). Blusher (£3.25) is in shades of plum, chestnut and mauve and eyeshadow duos are in tones of gold, damson and beige (£2.95).

Max Factor's 2000 calorie mascara (£3.49) is available in brown, navy and grey-black. *Max Factor. Tel: 0202 524141.*

Shot in the Noir?

A 35mm black and red camera, complete with strap featuring the Drakkar Noir logo, will be available free with the purchase of 50ml Drakkar Noir eau de toilette spray, from the end of May until stocks last.

Customers buying the spray will also qualify for a competition to win a day at a top sporting event, working with a top sports photographer, while runners up will receive the complete Drakkar Noir collection.

Entrants will be required to submit a photograph that encapsulates the Drakkar Noir lifestyle. *Parfums Guy Laroche. Tel: 071-937 7207.*

Estee Lauder have improved their night repair formula and renamed it advanced night repair. The non-oil liquid gel formula looks and feels the same, say Estee Lauder, and the price is unchanged (£26 for 30ml, £40 for 50ml). *Estee Lauder. Tel: 071-493 9271.*

Special offers from Scholl

Scholl are stepping up their promotional activity throughout January and February. A booklet insert with six coupons will appear in all Scholl extra soft felt corn and callous products, entitling consumers to £2 off a range of products, including extra soft felt pads, insoles, sprays and sandals.

Throughout the same period Scholl are offering a special twin pack containing athlete's foot spray and powder (£3.49), with a saving of £0.65. *Scholl Consumer Products Ltd. Tel: 0582 482929.*

Stafford-Miller have repackaged their Search range of toothbrushes following what the company describes as "in-depth research" into consumer requirements.

The new packs will feature larger windows for a better view of the brush, clearer on pack information and easy to understand information on the range of brush sizes, says the company.

The new packaging can be displayed using the Search display stand which can hold six, 12 or 18 dozen toothbrushes say *Stafford-Miller Ltd. Tel: 0707 331001.*

Hofels garlic on TV

Hofels are running a series of television advertisements, as part of the 1991 promotional campaign for their range of garlic pearles.

The commercials feature a mime artist who extols the virtue of the garlic pearles, demonstrating their benefits and the fact that they are virtually odourless.

The first burst of the campaign starts in late January, and will run for eight weeks in the Anglia and Yorkshire TV regions.

This will be backed by a campaign in the national Press, selected women's interest magazines and specialist health Press. *Hofels Pure Foods Ltd. Tel: 0482 75234.*

Wilkinson's Winter offers

Wilkinson Sword are holding three consumer promotions in January and February. They are offering fixed users 50p off their next blade and swivel users 30p off.

In February consumers of the swivel razor Kompakt Design, launched last Autumn, can either claim a full cash refund if not entirely satisfied or 40p off their next purchase of Kompakt blades.

In the disposables sector Wilkinson are offering six razors for the price of five with their twin fixed and swivel packs. *Wilkinson Sword Ltd. Tel: 0494 33300.*

Cedar Health are investing £250,000 in a national television advertising campaign for their Ricola range of herbal cough lozenge and sugar free pearls throughout January and February.

The company's Swiss theme commercial will be shown in the morning with the aim of attracting viewers waking up with sore throats and coughs.

Distributers Dendron are offering a discount incentive throughout the period and free samples are available. *Cedar Health Ltd. Tel: 061-483 1235.*

Going to Scotchem in March?

Many big names in the pharmacy industry have pledged their support for Scotchem which is making a reappearance this year after a short absence.

Crookes Healthcare, Elida Gibbs, Max Factor, Reckitt & Colman and Rimmel International are just a few of the companies who will be exhibiting at the MacRobert Pavilion, Edinburgh, on March 10-11.

Sponsored by *Chemist & Druggist* and organised by MGB Exhibitions (organisers of Chemex), Scotchem aims to serve the interests of community pharmacists in Scotland and the Border areas. Product launches, promotional campaigns and special deals will be on offer, and all visitors will be eligible to enter a prize draw for a "state of the art" computer and printer worth over £2,000.

Pre-booked tickets will be entered into a Champagne prize draw. There is a ticket hotline on 081-302 7215 and a coupon for free tickets on p59 of this issue.

Exhibition opening times are 10am-5pm on the Sunday and 10am-4pm on the Monday.

The following is a taste of what will be on show:

Charwell Pharmaceuticals Ltd will be running a special display promotion on Stoppers to help pharmacists maximise sales on National No Smoking Day, which is two days after Scotchem. Free display material will be supplied on the stand and pharmacists sending a photograph of the display to Charwell Pharmaceuticals will automatically receive a prize, plus a £100 voucher for the winning entry.

Creightons Naturally plc will be introducing travel wallets in two of their major lines — Sun Veil and Ocean Harvest — and there will be special offer duo packs in Sun Veil and the evening primrose oil and apricot skin care ranges.

Elida Gibbs Ltd will be using Scotchem to launch two new products.

"At this moment I can only say that one development is in skin care and the other in the deodorant market," says wholesale development manager Fred Wilding.

The company will have information packages available covering the general market and space management, together with products, samples and display material.

Gap Research Co will offer an introductory case containing four packs each of Tooth-fil, Re-fit and the new Rinse 'N' Smile oral rinse tablets. They will also be launching Sleep Guard, a disposable bed sheet which is said to repel fleas, lice and bed bugs and is expected to be particularly useful for travellers.

Keyline Brands Ltd, established last September to represent some of the strongest personal care brands in the pharmacy sector, will have special Scotchem deals on Cuticura, Erasmic, LA Looks, Topol, Aydslim and Inecto. On show for the first time will be two products being launched this month. Ultra Aydslim is a smaller cube and has fewer calories than Aydslim and contains vitamin C in addition to the previous vitamins and minerals. It comes in an eight-cube pocket pack and the display outer of 24 packs contains a mixture of flavours. New Erasmic ultra smooth shaving gel is non-foaming and is free from the detergents often found in shaving products. It allows men with skin problems such as acne or razor rash to see where they are shaving, reducing the risk of cuts and irritation.

Max Factor and **Mary Quant** will be sharing a stand at which they will have a make-up expert offering make-overs and advice.

The **National Pharmaceutical Association** will be giving advice on the services offered to pharmacists in Scotland.

A. Nelson & Co Ltd will have their hay fever tablets in new blister packaging and a display outer.

Panpharma will have bonuses on orders placed at Scotchem.

Pharmadass will give a 15 per cent discount on trade prices for purchases made during the exhibition.

Provincial Pharmacy Locum Services are opening a Scottish office and their

SCOTCHEM 91

Scottish regional manager will be on hand to give advice on locum cover and permanent recruitment. An introductory offer will be available.

Torbet Laboratories Ltd will have special discounts for Scotchem visitors.

Ultra Glow Cosmetics will have some new products on show. A pre-pack counter unit will be on offer to first-time stockists with six free brushes. Two new bronzing products will be available in a series of special deals.

Weleda's introductory offers include the homoeopathic starter kit at 10 per cent off the normal trade price (£77.22 instead off £88.80). The kit comprises three each of the 20 top-selling medicines together with a shelf or counter merchandiser and 10 free copies of "Homoeopathy for all the family" (£0.75 rsp). A free training manual for the pharmacist and literature for customers are included.

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How to get there

The MacRobert Pavilion is in the Edinburgh Exhibition and Trade Centre Complex which is close to the city centre and easily accessible from road, rail and air links.

MGB Exhibitions Ltd are offering all visitors free transport to Scotchem '91 on Sunday, March 10 from central pick-up points in Edinburgh, Glasgow and Newcastle. Visitors are strongly advised to pre-book their seats however (tel: 081-302 7215) as they can only be guaranteed if they are booked in advance. All visitors with pre-booked seats will be entered into the champagne prize draw.

The timetable for the shuttle buses on Sunday is:—

Edinburgh

0915 hrs Royal Terrace Hotel, Royal Terrace, Edinburgh
0930 hrs Waverley Station
Then hourly from Waverley Station to Ingliston at 1030, 1130, 1230, 1330, 1430 and 1530.
Return from Ingliston at 1715 hrs to Waverley Station and on to Royal Terrace Hotel in central Edinburgh.

Glasgow

1000 hrs Central British Rail Station, Glasgow
Return fron Ingliston to Glasgow Central Station 1500 hrs.

Newcastle

0930 hrs Central British Rail Station, Newcastle
Return from Ingliston to Newcastle Central Station 1530 hrs.

Public bus services every 15 minutes from Edinburgh to central Scotland also pass within five minutes walk of the Centre.

For those travelling by car, the Centre is well signposted on the A8 dual carriageway which runs between Edinburgh and the Newbridge interchange, linking with the M90 to the North, the M9 to the North-west, the M8 to the West and the M8-M74-A74 to the South. The Centre has free parking for 20,000 cars.

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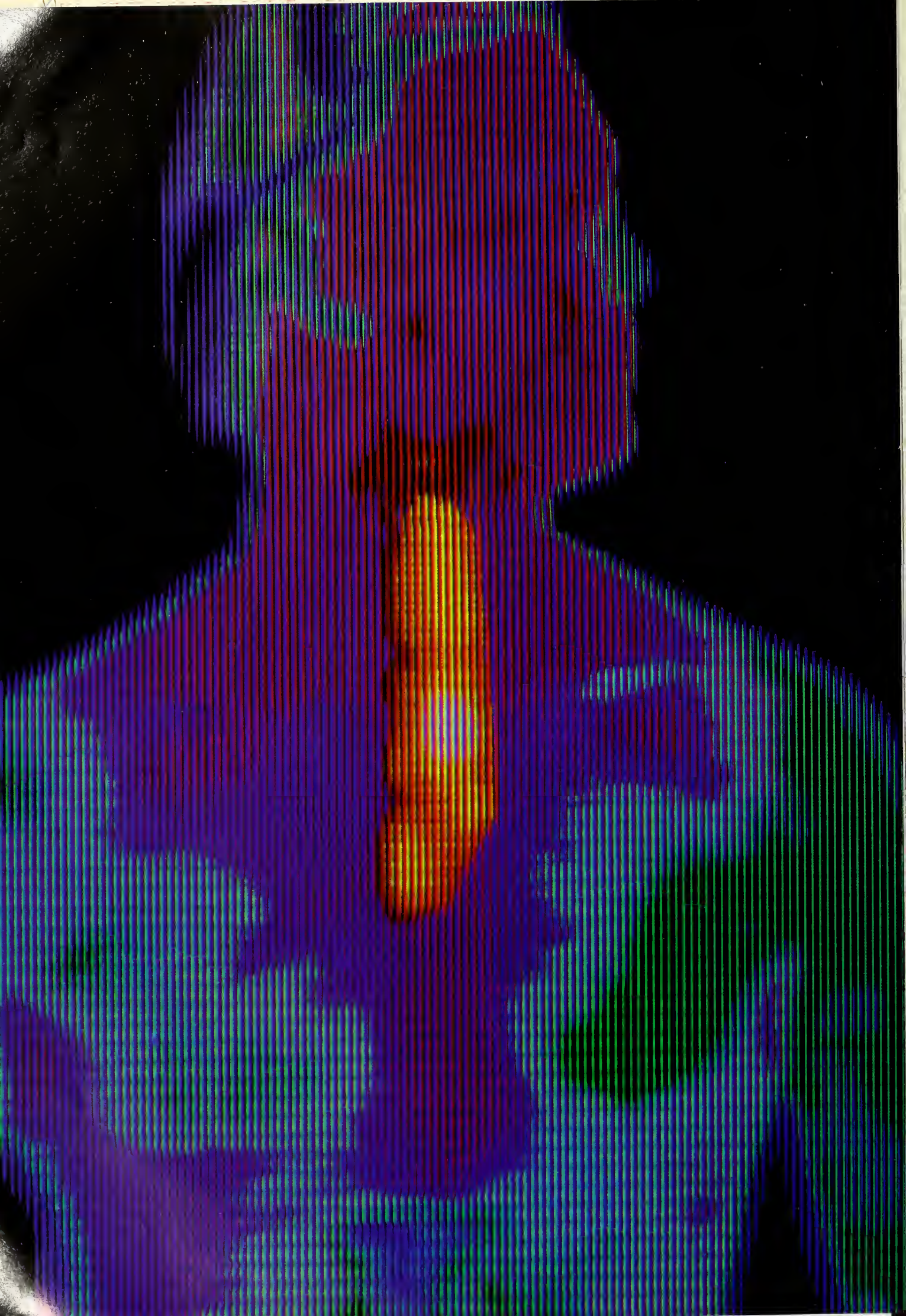

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Active Ingredients: *Liquid:* Sodium Alginate BPC 500mg, Sodium Bicorbonate Ph.Eur. 267mg, Calcium Carbonate Ph.Eur. 160mg per 10ml dose. *Gaviscan 250 Tablet:* Alginic Acid BPC 250mg, Sodium Bicarbonate Ph.Eur. 85mg, Aluminium Hydroxide Gel BPC 50mg, Magnesium Trisilicate Ph.Eur. 12.5mg per tablet. **Indications:** *Gaviscan Liquid:* Heortburn, including heortburn of pregnoncy, dyspepsio ossocioted with gastric reflux, hiatus hernia ond reflux oesophagitis. *Gaviscon 250:* Heartburn ond acid indigestion. **Contra-indications:** None known. **Dosage Instructions:** *Adults and children over 12:* 10-20ml, *children 6-12:* 5-10ml liquid after meals and at bedtime. *Gaviscan 250 Tablets: Adults and children over 12:* 2 toblets to be chewed thoroughly as required. *Children under 12:* nat recommended. **Note:** 10ml liquid contoins 6.2mmol sodium. One Gaviscon 250 tablet cantoins 1.02mmol sodium. Both liquid and tablet forms of Goviscon are sugar-free. **Product Licence Nos:** 44/0058 Liquid Goviscon. 44/0103 Gaviscon 250. Further information is ovoilable on request from: Reckitt & Colman Products, Donsom Lane, Hull HU8 7DS. ® Gaviscon is o registered trade mark.

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Fighting fits

Epilepsy affects more people in the UK than diabetes, yet has a relatively low priority in terms of service provision. Eileen Wilson, MRPharmS, reviews its treatment — old and new

Julius Caesar was one of the earliest known sufferers of epilepsy, a condition that affects one in 200 people.

An epileptic seizure is a brief disturbance of behaviour, emotion, motor function or sensation, which results from excessive discharge of cells in a part of the brain. The convulsion is the most common form of attack and is characterised by loss of consciousness and motor control and tonic (continuous tension) or clonic (alternate contraction and relaxation) of the extremeties.

Convulsive seizures may be associated with a cerebral or systemic disorder (see Table 1) and result from an acute focal or generalised disturbance in brain function.

Classification

1. Partial or focal seizures are marked by specific sensory, motor or psychomotor phenomena which reflect the part of the brain where the seizure originates. For instance, movements may begin in one hand or foot and then spread. If the dysfunction spreads to other parts of the brain there may be loss of consciousness and generalised convulsions.

2. Generalised seizures affect both sides of the brain and are not usually marked by local onset. Petit mal or absence attacks are brief. Patients lose consciousness for about ten to 30 seconds with eye or muscle flutterings and there may be loss of muscle tone.

Grand mal or tonic-clonic seizures may be preceded by an aura. The attack usually lasts two to five minutes. There is loss of consciousness during which the patient falls, and then tonic and clonic contractions and sometimes incontinence occurs. Headache, muscle soreness or a deep sleep may follow the attack.

3. Unilateral — clinical signs are restricted to one side of the body.

4. Unclassified — cannot be classified because of incomplete data.

Table 1. Some causes of convulsive epilepsy

Acute infection, or heat stroke leading to hyperpyrexia
Metabolic disturbances eg hypoglycaemia
Toxic substances such as camphor, lead, alcohol
Cerebral defects or tumours
Cerebral oedema
Cerebral infarction or haemorrhage
Anaphylaxis
Withdrawal of alcohol or tranquillisers after chronic use

Drug treatment

Bromides were the earliest pharmacological agents used in the treatment of epilepsy in 1857. The barbiturates were first used in 1912 followed by phenytoin, a hydantoin, in 1937. Diones (1946) and succinimides (1951) were derived from manipulations of the cyclic ureide moiety seen in phenytoin and phenobarbitone. The benzodiazepines were first used in epilepsy in 1966.

Over the past 20 years, drug design has focused on enhancing the activity of gamma-aminobutyric acid (GABA), an inhibitory neurotransmitter that may block the hyperexcitability of neurones that leads to the epileptic discharge. Vigabatrin, introduced last year, is a GABA analogue and is an irreversible inhibitor of the aminotransferase enzyme which breaks down GABA.

Starting anticonvulsants

An accurate diagnosis of epilepsy is important as the disorder has far-reaching effects on schooling, employment, driving and leisure activities. The aim of drug treatment is to prevent recurrence of seizures by maintaining an effective plasma level, but as many anticonvulsants have a narrow therapeutic index, utmost care must be given to the avoidance of side-effects.

Treatment is usually started when two or more seizures occur within a year and is continued for a minimum of two to three years. Long term remission is less likely to occur with partial seizures or if the epilepsy is symptomatic of underlying cerebral disease (1).

A low dose of a single drug should be used initially and increased if further seizures occur. Multiple drug therapy had been the fashion until the late 1970s when it was shown that in some cases polypharmacy was responsible for exacerbating seizures. The advent of therapeutic drug monitoring enabled regimes to be simplified and rationalised, even in difficult cases.

Phenytoin

Phenytoin prevents the spread of the epileptic discharge and inhibits membrane transport of sodium and potassium, and has an effect on GABA, 5-hydroxytryptamine and other neurotransmitters. Phenytoin also has a membrane stabilising effect. It is used to prevent generalised tonic-clonic and partial seizures.

Phenytoin is well absorbed and almost completely metabolised by the liver. It undergoes oxidation by the mono-oxygenase enzyme system which becomes saturated as the concentration rises. Thus the drug exhibits zero order kinetics and as a small increase in dose can produce a large rise in serum level, drug level monitoring is important.

The starting dose in adults is 200mg once daily. Steady state is reached after about one week after which the dose is adjusted according to the measured concentration and clinical response.

Side-effects include psychosocial disorders such as aggression, sedation, impaired memory and depression; and cosmetic changes — gum hyperplasia, acne, hirsutism and facial coarsening. With high levels, neurotoxic symptoms such as drowsiness and tremor are seen. Mental slowing, unsteadiness of gait, nystagmus and ataxia (failure of muscular co-ordination) are further indications of toxicity.

Many drug interactions occur with phenytoin. Drugs which

Continued on p44

induce the activity of mixed function oxidases will affect its metabolism. These include allopurinol, amiodarone, cimetidine, imipramine, metronidazole, phenothiazines and sulphonamides. Phenytoin is itself an enzyme inducer, resulting in increased metabolism and decreased efficacy of many lipid-soluble drugs including other anticonvulsants, anticoagulants, oral contraceptives, corticosteroids, cyclosporin and theophylline.

Carbamazepine

Carbamazepine is used in the prophylaxis of generalised tonic-clonic and partial seizures but not for absence epilepsy. Its mechanism of action is unknown. The starting dose is 100mg daily gradually increased to a maximum of 1,600mg.

A generalised erythematous rash may occur in about 5 per cent of cases. Diplopia (double vision), dizziness, headache and nausea occur in about 50 per cent of cases and may limit usage.

Tolerance usually develops to CNS side-effects which are dose related and often associated with peak plasma concentrations. The controlled release formulation may help some people (2). At high levels water retention may occur in the elderly and those with cardiac failure as a result of vasopressin stimulation.

Carbamazepine is also an inducer of hepatic mono-oxygenase enzymes, and there is a wide variation in dose which is reduced with the controlled release preparation. It accelerates the breakdown of hormones and most women on combined oral contraceptives require a high oestrogen content (3).

Metabolism of theophylline, haloperidol, corticosteroids and warfarin is induced. Its metabolism is inhibited by cimetidine, danazol, erythromycin, dextropropoxyphene, diltiazem, verapamil and isoniazid, and toxicity may occur. Carbamazepine also exhibits complex interactions with other anticonvulsants.

Sodium valproate

Sodium valproate is useful for generalised epilepsies especially tonic-clonic, absences and myoclonic fits. It inhibits GABA transaminase and prevents its re-uptake resulting in increased brain concentrations of the neurotransmitter in animals, but its effect in humans is uncertain.

Side-effects include tremor, weight gain, thinning or loss of hair and oedema. Gastro-intestinal symptoms such as nausea and vomiting are common and are reduced when taken after food or if the enteric coated formulation is used. Hepatotoxicity occurs rarely and periodic liver function tests should be carried out. The initial dose is usually 600mg in two divided doses.

Sodium valproate is not an enzyme inducer. It is a minor inhibitor of oxidative metabolism and increases the levels of other anticonvulsants.

Ethosuximide

Ethosuximide is the drug of choice for absence seizures in children because of its lack of hepatotoxicity. In children over six years, the starting dose is 500mg/day, and under six, 250mg/day, increased to a maximum of 1g/day in children and 2g/day in adolescents. Adverse effects include nausea, vomiting, abdominal pain, hiccough and CNS effects such as drowsiness, mood change and dizziness.

Phenobarbitone and primidone

Primidone is metabolised to phenobarbitone and phenylethylmalonic acid. Both are used for tonic-clonic generalised seizures. The dose range for phenobarbitone is 90-360mg daily up to a maximum of 600mg. Primidone is started at 125mg daily and gradually increased to a maximum of 1.5g daily.

Use of phenobarbitone is limited by side effects such as fatigue, listlessness and tiredness in adults, and hyperkinesia, aggression and insomnia in children and the elderly. Impairment of mood, memory and learning can occur.

Because of their side-effect profile these drugs are normally reserved for patients who cannot tolerate first-line anticonvulsants or as an adjunct in refractory epilepsy.

Benzodiazepines

Clonazepam, a 1,4 benzodiazepine, is used in generalised clonic-tonic and myoclonic seizures at a starting dose of 1mg at night for four nights which is gradually increased to a maximum of 4-8mg. CNS side effects include drowsiness, fatigue, dizziness and hypotonia.

Clobazam, a 1,5 benzodiazepine is less likely to cause sedation. The usual dose is 20-30mg daily. Side-effects include depression, irritability and tiredness.

Vigabatrin

Vigabatrin is a GABA analogue which inhibits the transaminase enzyme responsible for the breakdown of GABA so maintaining levels of the neurotransmitter. It is indicated for use in partial epilepsy not controlled by other drugs; however its use has been restricted because of concerns about long term safety (4). In animals it has been shown to produce reversible brain lesions and should not be given to patients with a background of mental illness.

The initial dose is 2g daily in one or two divided doses increased to a maximum of 4g daily according to response. Side-effects include drowsiness, fatigue, dizziness, memory and visual disturbances and irritability.

Therapeutic monitoring

Monitoring of blood concentrations of anticonvulsants has led to improved management while reducing the incidence of adverse effects. However routine monitoring has been questioned. While a single measurement is useful to assess steady state levels in drugs with long half lives, it is not appropriate for agents which have short half lives (5).

For phenytoin, phenobarbitone, sodium valproate and carbamazepine, there is a wide variation in individual tolerance of serum concentrations and an upper/toxic level may be difficult to specify. The lower limit may also be difficult to define and some patients have adequate control with doses well below the optimal range. A target range rather than a therapeutic range may therefore be a better guide (Table 2).

Monitoring should therefore be reserved for suspected non-compliers, mentally retarded patients in whom assessing toxicity may be difficult, those showing poor seizure control or toxicity and in patients with renal or hepatic disease or in pregnancy.

Stopping treatment

Doctors may consider withdrawal of anticonvulsant drugs after a two to three year seizure-free period. Some 30 per cent of patients achieving remission will have a recurrence of seizures on stopping treatment or within six months to a year of cessation. Relapse is related to the duration and severity of the disease and is less likely in children (20 per cent) than in adults (40 per cent) (1).

Gradual dose reduction over a number of weeks and close supervision are necessary as withdrawal may trigger seizures. Blood level monitoring of concurrently administered drugs is required where appropriate as the metabolism of anticonvulsants is often interdependent (6).

Table 2. Anticonvulsants dosages in adults (2)

Drug	Starting dose	Maintenance range	Dosage interval	Target range
Carbamazepine	100-200mg twice a day	400-2,000mg	*2-4 times a day*	4-10mg/l
Clobazam	10mg at night	10-40mg	*1-2 times a day*	None
Clonazepam	0.5-1mg	2-8mg	*1-2 times a day*	None
Ethosuximide	500mg	500-2,000mg	*1-2 times a day*	40-100mg/l
Phenobarbitone	30-60mg	60-240mg	*1-2 times a day*	10-40mg/l
Phenytoin	100-200mg	100-700mg	*1-2 times a day*	10-20mg/l
Primidone	125-250mg	250-1,500mg	*1-2 times a day*	5-12mg/l
Sodium valproate	200mg twice a day	400-3,000mg	*2 times a day*	50-100mg/l
Vigabatrin	500mg twice a day	2-4g	*2 times a day*	None

1. *Lancet* 1990; **336:** 291-295
2. *Lancet* 1990; **336:** 350-354
3. *Journal of the American Medical Association* 1986; **256:** 238-240
4. *Lancet* 1990; **336:** 425-426
5. *British Medical Journal* 1987; **294:** 723-24
6. *British Medical Journal* 1982; **285:** 423-24

Kathryn Griffiths, MRPharmS, secretary of the UK Drug Utilisation Research Group, and Dr Tony Williams, independent medical adviser to Sheffield FHSA describe the evolution of formularies, the processes involved in their development in the community, and how pharmacists can contribute their knowledge to help rationalise prescribing in this way

The question of formularies

To adopt or not to adopt, that is the question being asked of Family Health Service Authorities (FHSAs) regarding their formulary policy. Whether it be nobler and more effective to encourage local discussion and development of practice formularies or to adopt an imported formulary lock-stock-and-barrel as a standard is a contentious issue.

Formularies have "to be", as Government pronouncements have called for their introduction in primary as well as secondary care, and have seemed to favour the locally-based approach.

The National Health Service White Paper "Working for Patients" outlined the operation of the indicative drug budget scheme. It also denoted the role that local formularies (locally agreed lists of drugs which would normally be prescribed in the majority of cases) would play in enabling FHSAs and District Health Authorities (DHAs) to establish rational prescribing policies covering both the FHSA and the hospital and community health services in the area. FHSAs should now, as part of their responsibilities, encourage formulary development and offer help to practices who require it.

The approach taken by each FHSA varies with local circumstances. Some have already developed their own formularies for use throughout the area while others will be sponsoring small local practice formulary groups. Whatever the formulary policy and however it is achieved, it will have implications for community pharmacists — so it is better to be a participant in the process than an onlooker.

Background

The concept of a formulary as a list of the drugs needed to treat the conditions that present is a long established one. The drugs included in each formulary therefore reflect the therapeutic needs of the patients as diagnosed, and the therapeutic traditions of the prescribers.

Many hospitals and some health districts have long experience in drawing up, agreeing and updating a hospital formulary, usually through the work of the local Drug and Therapeutics Committee. In their survey of "hospital pharmacy committees" published in 1975, Brown *et al* found that a few had been in existence in 1948, since the beginning of the NHS, while many other came into being in the late 1960s. The majority of respondents believed that their committee's work had "significantly improved various aspects of the supply and use of drugs".

In 1980 the Department of Health and Social Security funded a Co-ordinating Centre in Southampton run by Professor C.F. George in an attempt to co-ordinate the work of Drug and Therapeutics Committees (this function ceased in 1985). George and Hands' 1980 survey of committees found that the average membership was nine people and that the aims and objectives of the committees were to:

- develop lists/formularies in order to achieve rationalisation and control of drug stocks in hospital pharmacies
- achieve economy in use of drugs
- achieve safety in use of drugs
- provide information on drugs
- monitor expenditure on drugs.

Most committees, however, had no executive powers; in most cases they reported to the Medical Executive Committee. With the reorganisation of the NHS in 1982 along general management lines and with greater cost-consciousness Drug and Therapeutics Committees gained in status and influence, often working through the general manager. Almost half of the committees had three or four pharmacist members who were predominantly drug information or clinical pharmacists.

Pressures on drug expenditure are experienced in all parts of the world, not least in developing countries. The WHO Expert Committee on the Selection of Essential Drugs drew up an initial model list of drugs in 1977 as a "common core" of basic needs which had universal relevance and applicability and this was subsequently revised and updated.

The concept of "essential drug lists" was meant to accommodate a variety of local situations to meet the real health needs of the majority of the population. It was considered that lists of essential drugs should be drawn up locally and updated periodically with the advice of experts in public health, medicine, pharmacology and pharmacy.

These principles are applicable to formulary management in the United Kingdom at the district, FHSA or practice level with the involvement of doctors and pharmacists in choosing a list of drugs that will meet the needs of the majority of patients. In order to prepare such a formulary health care personnel need access to concise, accurate and comprehensive drug information and must themselves be adequately trained in making the correct diagnosis and in therapeutics.

In the UK interest in general practice formularies was greatly stimulated by the introduction in 1985 of the Limited/Selected List of preparations which could be prescribed within the NHS. However, long before this doctors who were interested in rational prescribing and good patient care published articles on formularies and on the audit of prescribing in general practice.

With increasing Government pressure over the last few years

Continued on p46

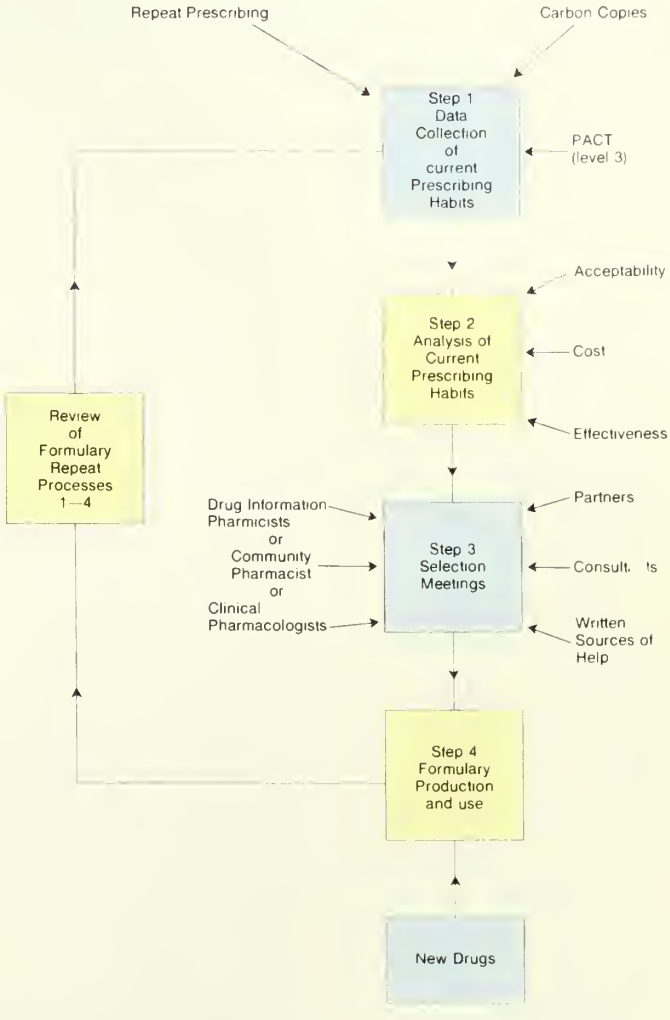
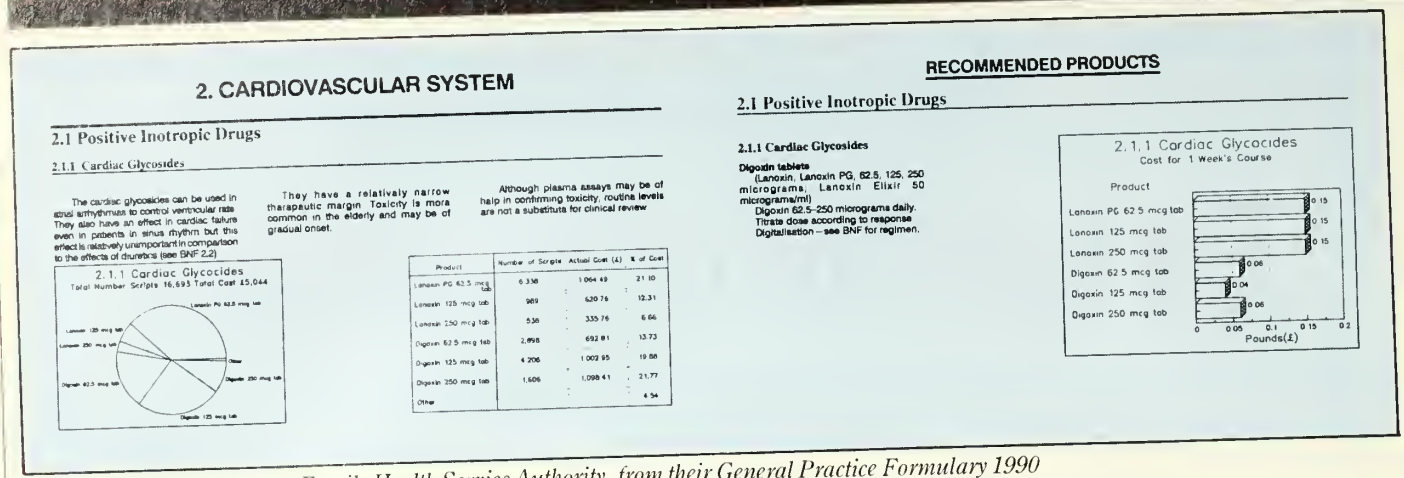


Figure 1. Courtesy of the Royal College of General Practitioners, from "How to produce a practice formulary"



2. CARDIOVASCULAR SYSTEM

2.1 Positive Inotropic Drugs

2.1.1 Cardiac Glycosides

The cardiac glycosides can be used in atrial arrhythmias to control ventricular rate. They also have an effect in cardiac failure even in patients in sinus rhythm but this effect is relatively unimportant in comparison to the effects of diuretics (see BNF 2.2)

They have a relatively narrow therapeutic margin. Toxicity is more common in the elderly and may be of gradual onset.

Although plasma assays may be of help in confirming toxicity, routine levels are not a substitute for clinical review

2.1.1 Cardiac Glycosides
Total Number Scripts 16,693 Total Cost £5,044

Product	Number of Scripts	Actual Cost (£)	% of Cost
Lanoxin PG 62.5 mcg tab	6 338	1 064 49	21 10
Lanoxin 125 mcg tab	989	620 76	12.31
Lanoxin 250 mcg tab	538	335 76	6 66
Digoxin 62.5 mcg tab	2,898	692 81	13.73
Digoxin 125 mcg tab	4 206	1 002 95	19 88
Digoxin 250 mcg tab	1,606	1,098 41	21,77
Other			4 54

RECOMMENDED PRODUCTS

2.1 Positive Inotropic Drugs

2.1.1 Cardiac Glycosides

Digoxin tablets
(Lanoxin, Lanoxin PG, 62.5, 125, 250 micrograms; Lanoxin Elixir 50 micrograms/ml)
Digoxin 62.5–250 micrograms daily. Titrate dose according to response
Digitalisation – see BNF for regimen.

2.1.1 Cardiac Glycosides
Cost for 1 week's Course

Product
Lanoxin PG 62.5 mcg tab
Lanoxin 125 mcg tab
Lanoxin 250 mcg tab
Digoxin 62.5 mcg tab
Digoxin 125 mcg tab
Digoxin 250 mcg tab
0.15
0.15
0.15
0.06
0.04
0.06
0 0.05 0.1 0.15 0.2
Pounds(£)

Figure 2. Courtesy of Surrey Family Health Service Authority, from their General Practice Formulary 1990

for a reduction in general practice prescribing costs — which now amount to £1.8 billion a year — and with the introduction of indicative prescribing amounts for all GPs from April 1, 1991, formulary development has become a priority and has interested many more GPs.

Most hospitals or districts now have their own formularies of drugs in common use, but these do not necessarily correspond with the preferred preparations prescribed by GPs. However, with the development of their own formularies GPs could begin to influence the pattern of medicines usage in hospital.

A practice formulary

A practice formulary has been defined as "a selection of medications, a preferred list voluntarily arrived at by the prescribers". The most widely known model formularies are those which have been developed in Newcastle (1987), Lothian (1987) and Northern Ireland (1988). Recently formularies have been developed by FHSAs for use by local doctors, a good example of which is the Surrey FHSA GP Formulary 1990, one of the six FHSA pilot projects subsequent to the NHS White Paper.

All these formularies were not meant to supercede the British National Formulary but were intended to be used in conjunction with it, since it provides more detailed guidance on, for example, cautions, contra-indications, side-effects and paediatric dosages, and covers the wide choice of drugs available for the treatment of a particular disease or condition.

A European GP formulary is under development and will be important with the single market changes due to take place in the European Community in 1992. The focus for UK collaboration in this independent project is the Newcastle GP formulary group.

In its simplest form a formulary may be just a simple list of preferred drugs as used by a doctor or a group of doctors. It has been said that a GP will have between 150 and 300 drugs which he/she uses frequently, both generic and trade name drugs, but the proportion of drugs prescribed generically is rising gradually and now averages about 40 per cent of all prescriptions.

The addition of dosage and price to a simple list of drugs will extend the usefulness of the formulary. Including a drug utilisation guide in monetary value and/or frequency of prescribing (often a bar chart or pie diagram) in each section, to reflect current prescribing habits, with notes on the appropriate choice of drug and supporting drug information helps the prescriber to achieve rational prescribing (see Figure 2).

A formulary must be sufficiently large to allow choice between different preparations, but some successful ones contain as few as 150-250 preparations. For example the Newcastle formulary has about 150 drugs and the Northern Ireland and Lothian ones about 200 drugs listed.

Most formularies use only generic names except for combinations of drugs, and aim at covering the majority of the problems requiring drug treatment. Commonly they are organised on a problem-orientated informative basis in the same way as the BNF (similar indexing makes for easy cross referencing).

The aims of the Newcastle formulary were to:

- cover at least 90 per cent of conditions
- provide simple, adequate and appropriate treatment for 90 per cent of patients
- be useful and acceptable to different general practitioners and to differing practices
- encourage generic prescribing
- avoid the inclusion of recently introduced drugs until there is overwhelming evidence of their advantages
- take into account cost as an important but not paramount factor
- exclude drugs which are used only in emergencies
- be a useful teaching aid.

Different practices may adopt different formulary rules, for example, some allow the non-formulary prescribing of new drugs for a specific period and then discuss clinical experience at one of the regular review meetings.

The need for formularies

The impetus for practices to develop formularies has been engendered by the Government's stated aim to "exert a downward pressure on the cost of prescribing". However, cost is only one of the considerations which should be taken into account when a doctor prescribes for a patient. Rational prescribing requires that drugs are necessary, safe, effective and economic.

Consideration of whether a drug is necessary takes into account that not every condition seen by a doctor requires a prescription and that, if prescribed, a drug is appropriate for the diagnosis. The drug also has to be appropriate to the patient's needs, so if a person is forgetful in taking their medicine a longer acting, single dose preparation may be preferred.

Safe means that a decision has to be made on the available evidence that a drug used in particular conditions carries an acceptable level of risk, compared with the risk of a condition. Effectiveness must similarly be decided on the available evidence and, finally, economic evaluation made as to the cost-benefit implications of the chosen drug therapy in comparison to other drugs and treatments.

Getting involved

There are several contacts you should make:

- Your **FHSA** will have information on local initiatives, individual groups of doctors developing formularies, on the wider FHSA/district initiatives for development of formularies and on the formulary policy to be adopted by the FHSA. The best people to speak to are the FHSA medical or pharmaceutical advisers.
- Your district **Drug and Therapeutics Committee** (DTC) or individual hospital DTCs have in the past been responsible for initiatives aimed at rationalising prescribing in local hospitals. Find out from your District Pharmaceutical Officer what future role your local DTC is to play.

For instance, in Sheffield it is proposed that the district DTC is no longer to be district hospital based but combined with primary care to become the Sheffield DTC. It is hoped this will help to solve problems of combined hospital and general practice formulary development and problems associated with prescribing initiated by hospital doctors to be continued by the patient's GP in the community.

The committee's make-up would be changed to include general practitioners and community pharmacists with hospital specialists and pharmacists as well as the district pharmaceutical officer and FHSA medical adviser. This type of change presents a valuable opportunity for community pharmacy input to formulary policy and other aspects of local prescribing problems.

- **Drug Information** pharmacists based in district hospitals can also be of help as they have details of local hospital formularies and prescribing policies, and have access to a wealth of information on all drugs — a particularly valuable resource when assessing drugs which are new on the market. Their expertise in the provision of information could be of great help to community pharmacists involved in GP formulary development groups.

Regional DI services (see the front of the BNF for the telephone numbers) can provide details of the district DI service and may also be able to send you regional drug information newsletters. Useful briefings on newly marketed drugs and on individual classes of drugs are no

prepared by the Medicines Resource Centre (MeReC) in Liverpool.

- Your **local practices** may already be involved in formulary development. If you have not heard what is happening the practice manager will have details of any formulary work done in the practice and which doctors are interested. One enthusiastic partner may lead the way and then "sell" the idea to the other partners.

Larger practices are encouraged to develop their own formularies but small practices and single-handed doctors may be encouraged to set up formulary development groups in their own locality, supported by the FHSA providing some professional help and source material, like examples of formularies and articles on formulary development.

Approaching the practice

Practices should be responsive to an approach by local community pharmacists because they can offer help through their experience of the community's health needs, their knowledge of drug efficacy and safety, and their ability to interpret the Prescribing Analyses and Cost (PACT) data GPs receive from the Prescription Pricing Authority.

Pharmacists can help with information on product range, pack sizes and cost, and with special formulations. Information on generic formulations, OTC alternatives and types of appliances is also important.

A personal approach to a partner interested in formularies in your local practice, with an offer to provide information and help in any way with formulary development, may well lead to an invitation to join their formulary group. Once involved in a group it is important that you are seen as a valuable contributor to the success of the formulary.

For instance, as a pharmacist you could take responsibility for collecting and presenting information on new drugs, adverse drug reactions and pack size changes, new formulations and costs. Sharing your ideas and liaising with hospital DI pharmacists may help with this.

Formulary development

Although many doctors have individually developed lists of their preferred drugs, formulary development in terms of rational prescribing needs a group approach. Essentially small group activity is educational and can lead to changes in prescribing behaviour of group members. This is why research has shown that the most effective way to change doctors attitudes to rational prescribing is for them to be involved in the development of their own practice formularies and not have practice formularies imposed on them from elsewhere.

As C.M. Anderson *et al* commented, "Audit may change only the auditors." This does not mean that the "wheel has to be re-invented"; existing formularies can be used as a basis of practice formularies and modified by the group to meet local needs and expertise of the users.

Development of practice formularies can start with the group considering a specific therapeutic area, starting with their most important therapeutic classes, and comparing their prescribing with that set out in a model formulary (see Figure 1). This is where the local pharmacist can help because it is said that doctors' prescribing involves what they think they ought to prescribe, what they think they do prescribe and what they actually prescribe.

Without evidence from PACT data, pharmacists' knowledge, and practice computer systems, accurate appraisal of prescribing habits is difficult. Small groups working on formulary development need input of information about the real situation, need to meet regularly and to develop a group identity to achieve the tasks. Other interested members of the primary health care team like practice nurses can contribute to drug choices and to dressings and appliances.

Monitoring and updating

A formulary once developed cannot be neglected otherwise the formulary itself can bring about resistance to change; monitoring and updating is a constant process as shown in Figure 1. It is important that the prescribers use the formulary and targets of, say, 75 per cent compliance in 18 months would be acceptable for new prescriptions. The doctors involved in the development of the Newcastle formulary achieved a compliance rate of 88 per cent for new prescriptions. Compliance rates for repeat prescribing are less (in this instance 69 per cent) because only gradual changes in prescribing are possible.

To identify the usage of particular drugs information from Level 2 or 3 of PACT for the practice is necessary. Level 2 succinctly gives the most expensive drug items in the most expensive drug categories: cardiovascular system, musculo-skeletal, gastro-intestinal system, central nervous system, infections and respiratory system. Level 3 is required for details of the less expensive categories.

Also, feedback from the pharmacist on ordering patterns and even on the return of unused drugs could be illuminating. From the doctors' point of view it is relevant to note how the use of a particular drug has affected their referral rates or return visits. This may be achieved in medical audit on the practice computer.

Updating the formulary to take account of new products, changes in product information such as new indications, and adverse reactions may well need to be done on a two to three monthly basis with annual reviews of the whole formulary. Some practices operate a one drug in one drug out policy, while others are more flexible. Community pharmacists can provide an objective opinion of new products and changed information about old ones.

Success or failure

The key to success of a formulary is that it should reflect the views of the users supported by rational argument and valid information, so that decisions on use of particular drugs can be justified. Present Government policy is moving towards more closely integrated provision of primary and secondary care. Consequently development of formularies should reflect this and hospital prescribing should become better integrated with that of general practice.

It is most important that the formulary is kept easy and convenient to use. This will mean that it is not too large in size and easily updated, perhaps with a ring-binder and word processed on a computer. In computerised practices these criteria may be met in the surgery by having the formulary on-line on the computer with a pocket paper version for use outside the surgery.

Most important of all in formulary development, the needs of the patient must be kept first and foremost in mind — otherwise the outcome of the exercise will be doomed to failure and that would be a tragedy.

Further reading

1. Waine C (ed). How to produce a practice formulary. Royal College of General Practitioners, London, 1989 (includes Lothian and Northern Ireland Formularies)

2. Grant GB et al. A basic formulary for general practice. Oxford Medical Publications Practical Guides for General Practice 2. Oxford University Press, 1987.

3. Surrey Family Health Services Authority. General Practice Formulary 1990. Surrey FHSA, 187 Ewell Road, Surbiton, Surrey KT6 6AU.

4. Practical Aspects of Formularies. Pharmaceutical Journal 1989; 243:813-20.

Britannia and Windsor link saves healthy product portfolio

The leading protection brand

Since Britannia Health appointed Windsor Pharmaceuticals three months ago as sole chemist trade distributor of their product range, and with Windsor's recent acquisition of the Hills Balsam range, Windsor's team of territory managers now offers a wide range of important brands to the pharmacist.

Britannia Health chose Windsor as their distributor because of their dedication to pharmacy distribution which has built brands like the Uvistat sun protection range and Dulcolax and Laxoberal laxatives to leading positions in the independent and multiple pharmacy sector.

A winning team

"The right choice of distributor was obviously very important to us," says Martin Last, group marketing manager for Britannia Health. "We needed a distributor which has a special relationship with the trade. In particular, we wanted to further increase penetration and sales of our brand leading Efamol Evening Primrose Oil.

"Experience has shown us that good display of the Efamol product range so that consumers can read the on-pack information, leads the customer to seek advice from the pharmacist which can then be turned into sales," he says.

In addition to Efamol, Windsor are also distributing Britannia's Vitabrit Beta Carotene and the new Slim 'N Fit chewy nutritional bars for which Britannia have gained the backing of TV celebrity and former Olympic gymnast, Suzanne Dando.

A special relationship

Says Anthony Bush, director of Consumer Products at Windsor Pharmaceuticals: "We were delighted to be appointed as chemist trade distributor for Britannia Health.

"I believe our territory managers have a special relationship with their pharmacy customers because of our pharmacy distributor policy, which, for example, has lead Uvistat to the number three position in independent pharmacies. We are pleased that we are now able to offer the trade an even wider range of brand leading products."

The best from Britannia

Efamol's research into the benefits of Evening Primrose Oil is now widely recognised and is the brand which consumers ask for by name.

To date over £15m has been spent on research worldwide. In the UK out of the 30 teaching medical schools, 26 are currently doing trials on Efamol. This commitment to research illustrates the long term aspirations for Efamol and enables the market to grow from a sound scientific base.

Since establishing themselves as a leading force in the dietary supplements market, Britannia have extended their product range and over two thirds of Efamol sales now go through the pharmacy. Four products account for the bulk of sales — Efamol 500, Efamol Marine, Efamol PMP and Efamol Plus. Apart from the PMP, it is the 90-capsule jars which are the most popular with the consumer.

Windsor's territory managers will be distributing special Efamol shelf merchandisers to help increase impact at point-of-sale. "Merchandising studies have proved that sales and demand increase substantially when these are properly used," claims Martin Last.

Efamol Evening Primrose Oil

Now Windsor service the range

Windsor offers you, the pharmacist:-

- **Regular callage throughout the year**
- **100% transfer of orders via nominated wholesaler**
- **Detailing of product information**
- **Merchandising and product support**
- **Information on regular special bonus offers**

Uvistat: Uvistat is widely regarded as the leading sun protection brand, with certain products on script as well as OTC. The range includes Factors 6, 8, 10, 15 and 20, as well as — new for this year — Uvistat Ultrablock Factor 30, which has already been allowed for prescription under the NHS (ACBS Listing). Uvistat Lipscreen Factor 15 and Uvistat Aftersun completes the adult range.

The Uvistat Babysun range, launched last year, and which has already made a major impact on this sector of the sun preps market, includes Factors 12, 22 and Uvistat Babysun Aftersun.

Efamol Evening Primrose Oil: The brand-leading Efamol range of Evening Primrose Oil products, widely used as a nutritional supplement of essential fatty acids and tested in nutritional studies — including Efamol 500, Efamol Marine, Efamol Plus — are available in 90 capsule jars and 50 capsule blister packs. Efamol PMP (Pre-Menstrual pack) is a 10-day course to be taken in the 10 days leading up to menstruation. Efamol Oil is also available in a dropper bottle.

Dulcolax and Laxoberal: Effective, gentle overnight-acting Dulcolax come in packs of 60 and 20 tablets. Dulcolax suppositories in packs of 10s and 20s. Sugar-free liquid Laxoberal, useful for easy titration and diabetics, is in 300ml and 100ml bottles.

Slim 'N Fit Chewy Bars: Slim 'N Fit is a balanced nutritional bar enriched with iron, vitamin and minerals, available in two flavours — which coated lemon chewy bar (96 calories) and chewy chocolate coated banana flavoured bar (94 calories).

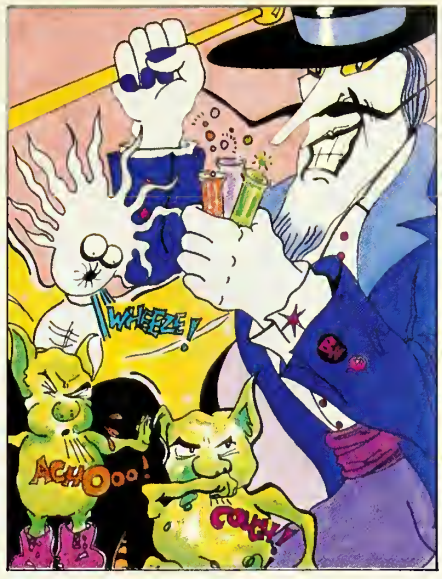
Hills Balsam: The range comprises Adult Balsam — effective action for dry, tickly coughs — Pastilles, orange flavoured Junior Balsam and Expectorant.

Woman Kind: The new dietary supplement brand from Windsor will receive substantial investment and development over the next year, and the current product range — Vitamin B6 and Calcium — are available in units of 100.

Vitabrit Beta Carotene: Britannia's Vitabrit Beta Carotene is a nutritional supplement containing 15mg of beta carotene per capsule. Available in two sizes, 30 capsule jar and a 120 capsule special pre-holiday pack.

Enterosan: Traditional kaolin and morphine in convenient tablet form with the added soothing ingredient of belladonna, Enterosan traveller's diarrhoea tablets come in packs of 24 and 40.

For further information contact Windsor Pharmaceuticals Ltd, Ellesfield Avenue, Bracknell, Berks RG12 4YS. Telephone: 0344 484448.



The evil Baron Hackingcof is a cartoon character central to Windsor's drive to push consumer demand for Hills

Windsor Winter & Summer

The recent acquisition by Windsor Pharmaceuticals of the Hills Balsam product range has given the company a year-round portfolio of important brands.

Hills Balsam, a traditional remedy for Winter coughs, has high brand awareness developed over more than a century and recent research by Windsor has shown consumers like the brand for its warming, soothing qualities.

A range of bright in-pharmacy display and promotional material has been produced by Windsor to help the pharmacist promote the brand to the public. "Hills Balsam gives us a balanced product portfolio, complementing our sales and marketing drive for the summer Uvistat range," says Anthony Bush.

Uvistat will benefit from a £750,000 advertising and public relations campaign, guaranteeing extensive publicity for the brand in women's magazines, newspapers, radio and TV. "We enjoy a reputation of being the leading protective brand and this gives us an extremely high profile as the sun protection experts," claims Anthony Bush.

Slim 'N Fit's national 1991 consumer campaign stars Suzanne Dando

Star launches Slim 'N Fit

Britannia have secured the backing of top TV star and former Olympic gymnast, Suzanne Dando, for their Slim 'N Fit chewy bars. "Suzanne will be the personality spearheading the brand's consumer drive during 1991, highlighting the benefits of a great-tasting bar for hardworking bodies," says Martin Last of Britannia Health.

Slim 'N Fit will be particularly targeted at the five million plus women who regularly participate in aerobics exercise and who pursue healthy lifestyles — which has obvious implications for their diet.

"Slim 'N Fast bar are unique, providing less than 100 calories per bar," says Martin Last. "They are also enriched with vitamins and minerals and provide up to a third of the RDA for Vitamin C and Iron."

Suzanne Dando will be appearing in the brand's national women's Press advertising campaign, including personal appearances and media interviews throughout 1991.

Summer sees big sales push for protection and fitness with Uvistat and Slim 'N Fit chewy bars

Getting the timing right

Running a pharmacy is a demanding business and there will always be occasions when you wish you had more time to get through all the tasks ahead of you. But putting in the extra hours is not always the only answer as Ailsa Benson, head of training at the NPA, explains

I haven't got the time. If I had a penny for every time I have heard that said (never mind the times when I have said it) then I could afford a good holiday. But then, of course, I wouldn't have the time...

Or could I, with better time management? Almost certainly yes! This article will give you some pointers to more effective use of your time. It does not advocate the use of a particular time management system because at the end of the day time managment is about two things — you and your style of management.

You need to plan your time and use it effectively through discipline and delegation. Use a time management system by all means, but first you need to review how you are currently spending your time.

What should you do?

Take time to find out how you spend your time: make a list of all the things that you do, remembering the small tasks as well as the larger responsibilities.

To check that you have everything on your list before you go on to the next stage, over the following week look at your watch on the hour and half past the hour and note down what you are doing at the time. You must be honest with yourself! You should even include things like making a cup of coffee (and if that happens often, shouldn't you be using either a coffee machine or a thermos jug?)

Ask yourself which of these activities really are essential parts of your job. "But..." I can hear you say. "Those lists don't include the things that I ought to be doing but haven't the time for." This is the moment to take another sheet of paper and write down what you feel you should have done or should be doing but haven't been able to. Now look at this list and try to identify the different kinds of way you spend your time. Which are the "musts" (the things you have to do), which are the "needs" (the things it is practical to do), and which are the "wants" (the things it would be nice to do).

Next, you need to think about how to plan your time. Go back to the list of all the things you do; which of these tasks are routine? Identify them. Then decide the day of the week in which you will in future do those tasks and also the time — morning, lunchtime, afternoon or evening. Don't forget those more occasional routine tasks that may not appeared the week you make your list.

Look at the tasks you feel were important and against each one write how long it will take you to do it again. Then decide when you are going to do it next, and write that down too. Are there any things on that list that you avoid doing, and if so, why? Consider whether someone else could be doing them, or at least

Time use checklist

1. Are all the activities necessary?
2. Can anyone else do them either now or perhaps with some further training?
3. Can the way that they are done be improved (perhaps by introducing a standard letter, or form or rubber stamp or better equipment?
4. How many of the things on your list appear because someone else hadn't done it properly?
5. Were you "social grazing"? (That means time spend away from your job talking to other people. You should note that social grazing wastes not only your time, but also that of people who you are chatting to *and* the time of those who are trying to contact you.)

   Watch customers who social graze with *you* — if you have regular social grazers, then train one of your staff to interrupt (politely) after a few minutes to say you are needed in the dispensary or on the telephone.

helping you.

You may well find you have peaks and troughs in your work, perhaps in the volume of prescriptions brought into the dispensary. If so, then it may be worthwhile to employ a part timer (a pharmacist or a trained technician) to help with those particular peaks. Maybe you receive regular orders for prescriptions from nursing homes. If so, agree with the matron a mutually convenient time for dispensing them — a time which is either generally quiet from your point of view — or when that newly recruited part timer can help.

Trained dispensers

Delegation is often the key to effective management. Consider if there things on your list which could be done by others. If so — why aren't they? It may take some time and money to train them but in the long term you would be saving yourself time? What price your time?

Maybe you have delegated and it's not worked; ask yourself sincerely, "is that my fault because I failed to train them?" If the answer is yes — well, you should know what the answer is. When delegating make sure you explain exactly what is to be done, how it needs to be done and by when. Make sure too that the person concerned feels competent to do the task.

You believe it is quicker to do a particular job youself? Perhaps it is now, but look at how long do you spend doing it and weigh this against how long it would take to train someone else to do it. Remember, trained dispensers can save you an enormous amount of time, as will any properly trained member of staff.

As a general rule most people are under-utilised and respond to additional responsibility.

A diary is the key

Time management is about discipline. Once you have made a weekly diary for routine tasks learn to think on a daily, weekly and monthly basis for all the activities you carry out. Before you decided to take on another task ask yourself how much time it will take. Be realistic about when you are going to fit it in.

If you are an assistant who has agreed to take on a new job, agree when you will complete it and make a note in your diary. If you really haven't the time to do the task or the request is for something less important than other tasks, say no.

Your diary can be the key to effective time management. Make sure you enter in all your time commitments, but remember too, to book into your diary time to yourself. Actually write it in. This will make it clear to your staff when you will be busy. Also book in things like the need for continuing education and reading your professional journals.

There are a number of things you can do to help to make the most of your time. When writing remember the old A B C rule — accuracy, brevity and clarity. In community pharmacy, most letters can be covered by standard ones, but if the standard letter you require isn't available from the NPA, suggest it to them. you may then help other pharmacists save time. Or, of course, write your own.

Telephone manner

The telephone can be the biggest asset or the biggest hindrance in terms of time saving. If you are making the call, make sure you have any papers that you might need to refer to, and make notes of what you need to ask or be told. On reaching the person you want, say who is calling and explain the purpose of the call; then give the message or ask the question. Make sure you make a note of any agreed action, and always ask and note the name of the person to whom you are talking. If it is someone who can't help you, make a note of the name of the correct person.

Regular meetings

When phoning a doctor's surgery, if you really need to talk to the GP and not the receptionist then say so. Ask when it will be convenient for you to call back if a doctor is unavailable. Don't waste your time by telling the tale twice. But, think, is it essential that you do talk to the GP? If you get a reputation with him for being a time waster you will waste your time. Make clear that it is the patient that is being inconvenienced, not you.

Meetings are the bane of everyone's life. If you are organising meetings ask yourself if they are really needed, and how long they should take. Make sure you do not overrun that time. If you are attending a meeting, do be sure you know why you are going and make a note of any points you wish to raise.

Be punctual — how many meetings do you have to wait because others are late? Also, try not to waffle on and waste other people's time, remember effective use of your time also involves effective use of other people's.

Meetings can be important. You should have regular ones with your staff, and it can be worthwhile to pay them to come in half an hour earlier or stay half an hour later on an early closing day. Thirty minutes of uninterrupted time will achieve more than a series of frustrated discussion during trading hours. Similarly don't organise meetings that will run into lunch time. However, you can arrange meetings to follow one another — that will keep you to your time allocation.

Dispensary layout

Finally, examine your work place and think whether an improved layout could save time. Start with the dispensary layout and bench and your desk. Is your stock laid out sensibly? Alphabetical layout makes it easier for locums and reduces the possibility of time consuming errors. By all means keep your top ten to hand, but do check that they are the top ten: prescribers habits frequently change. Have a clearly defined paperwork area.

Time savers

1. Keep a "do" sheet.
2. Keep and use a diary, writing in deadlines as well as appointements.
3. Be decisive. Learn to say no!
4. Last thing at night make a list of "do's" for tomorrow.
5. Plan routine tasks — organise the small tasks to give you time for the big ones
6. Recognise you have good times and bad times. Try to use your good times to do difficult tasks, and your bad times for undemanding jobs.
7. Vary the pace at which you work.
8. If you need to discuss things with a superior or a subordinate, then group them altogether and have one meeting to clear them.
9. Keep together articles that need reading.
10. Establish an "open door" period when you are available for staff to see you.
11. Keep essential stationery items like staplers, rubbers, scissors in the same place. Be disciplined and return them after use.
12. Occasionally work with subordinates doing their job. You may see ways to save their time — perhaps in the way you pass work on to them, or in the ways that they do their job.
13. Don't rely on your memory, jot thoughts down as they occur.

NEWS FROM GERMANY

Blum's latest bombshell

Health Minister Blum, German pharmacists' least favourite politician, has achieved yet greater unpopularity with his proposal to impose a 55 per cent price reduction on all drugs sold in what was East Germany.

The most charitable interpretation of this idea was that the frenetic pace of reunification had prevented appreciation of the full consequences of the plan. Clearly, the Bonn Government had realised that the income from health service contributions (based on the average wage, which is at least 50 per cent lower in the former DDR) would be insufficient to fund the health insurance schemes in East Germany and bring the standard of health care up to that in the West.

Equally clearly, the Government in Bonn regarded any increase in contributions by their new citizens, or any subsidising by their old, as politically unacceptable before the countrywide general election.

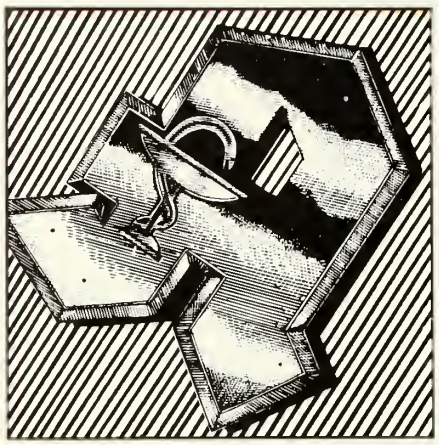
Faced with this dilemma and, according to many critics, with no reliable figures as to the level of the likely shortfall, Blum stated that from January 1, 1991, the price of all P drugs in the ex-DDR was to be halved and the prescription charge, where this applied, would be 50 per cent lower in the five new Federal states. As the average wage increased, the price differential would be reviewed and it was intended to abolish it by 1994.

This was greeted by a storm of protest from both East and West. As one ex-DDR pharmacist complained: "We have not worked to destroy a wall only to have another barrier erected between us; one form of price dictatorship is being replaced by another."

Not surprisingly, this move appears to have crushed the fragile confidence of East German pharmacists as they apply to run their own pharmacies. Faced with this threat to profitability, the need to modernise premises, demands from staff for increased wages, and still unsolved legal problems about property ownership, their initial fears have returned, as shown by a sudden drop in applications. With an estimated 2,500 more pharmacies required to match the density per head in the West, those aiming to set up new pharmacies have seen astronomical increases in rents.

Objections have come from the pharmaceutical industry on both sides of the former border. The companies in the East, as they struggle to pay their workers more and to meet more stringent manufacturing requirements, have not been exempt. These companies face ruin, adding some 15,000 to the increasing army of unemployed.

For firms in the West, who will certainly not feel able to sell at dumping prices, their obvious reaction will be simply to stop



supplying their products to the ex-DDR, so exacerbating drug shortages.

The proposal also opens up the way for the unscrupulous and, as one commentator put it, for a reversal in the former direction of the black market. The Government, realising the likely problems in areas like Berlin and places close to the former border, has stipulated that prescriptions for patients of the ex-DDR can be dispensed only within that region.

If, however, the initial interpretation of the hastily written regulations (that they apply to OTC products as well as POM) proves correct, it is difficult to see how a form of drug tourism replacing the old "cheap butter sorties" can be prevented. So far, Blum has resisted all the alternative proposals put forward to meet the shortfall in funding.

In conference

A few weeks before reunification, nearly three-quarters of all East German pharmacists came to Leipzig where their first and last conference, coupled with a trade exhibition, was organised with the help of one of West Germany's main pharmaceutical magazines.

Notable and highly desirable differences were noted by hardened congress observers from the West. Firstly, the opening speeches by the East Germans were wonderfully brief and to the point! Secondly, there was an overwhelming friendliness among the delegates, who expressed the hope that this spirit, borne out of the need for mutual help and co-operation in overcoming supply problems of the past, would not disappear under the new privatised system.

Thirdly, the level of scientific information given to delegates by a West German company in a presentation of one of its products was way above that normally delivered to their Western counterparts or medical colleagues. One reason advanced for this difference was the previous absence of medical reps in the ex-DDR. Pharmacists therefore fulfilled a crucial role in informing doctors about both existing and new drugs.'

The welcome given to one of Minister Blum's underlings by the audience was, however, predictably hostile. Having unanimously condemned the 55 per cent price cut, they forcibly expressed their opposition.

Pope causes quandary

With many pharmacists, especially in Bavaria, being Catholic, the recent address by Pope John Paul II to the International Federation of Catholic Pharmacists, which was widely and sometimes misleadingly reported in Germany, raised considerable controversy.

In his speech, the Pope stated that the relationship between a pharmacist and a customer went beyond that of a mere business transaction. The pharmacist had the power to supply agents for non-therapeutic purposes which could contravene the laws of nature and damage the dignity of human beings. Medicines should never be used directly or secretly against life, he said.

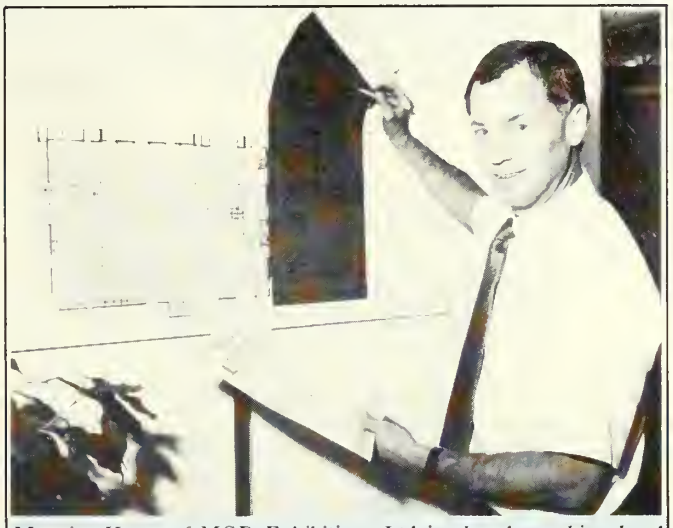
Although not specifically mentioning oral or other means of contraception, the Pope's speech was generally taken as counselling all Catholic pharmacists not to supply any kind of contraceptive. A Vatican spokesman said His Holiness meant all medicines that threaten life and morals, such as narcotics, drugs of addiction, dangerous beauty products and probably artificial means of contraception, especially the abortifacient RU 486, which is not yet authorised in Germany.

Treading a delicate path between urging pharmacists to uphold the laws of the land while wishing not to offend any deeply held religious beliefs, a spokesman for the pharmaceutical organisation ABDA said that it was open to every pharmacist to decide whether to stock contraceptives or not; freedom of conscience would have to be balanced against the legal duty of a pharmacist to dispense prescriptions. In relation to the Pope's call to Catholic pharmacists not to supply drugs for non-therapeutic purposes, ABDA said it was neither the place nor the legal duty of the pharmacist to ask a patient on what grounds the contraceptive pill was being prescribed; neither should a pharmacist act as the patient's moral adviser — this was the task of the prescribing doctor.

As to condoms, the individual pharmacist was at liberty to stock them or not and they were freely available elsewhere.

These reports come from a correspondent with acknowledgements to Deutsche Apotheker Zeitung *and* Pharmazeutische Zeitung

Trade fairs, exhibitions and conferences in 1991



Maurice Hoare of MGB Exhibitions Ltd is already working hard organising Chemex '91 which takes place between September 29-October 1 at the Wembley Exhibition Centre. Interested exhibitors can contact him on 081-302 8585

Premiere '91 — trade fair for perfumes, cosmetics, pharmacists and hairdressers requisites, January 26-30, Internationale Frankfurter Messe, Frankfurt, Germany. Details from Collins & Endres, tel: 071-734 0543.

International Spring Fair, February 3-7, NEC Birmingham (halls 4-6). Details from Trade Promotion Services Ltd, tel: 081-855 9201.

Body & Beauty Show, February 5-7, Business Design Centre, London. Details from MGB Exhibitions Ltd, tel: 081-302 8585.

SIPECCA, February 9-11, Parc d'Expositions de Paris-Nord Villepinte, Paris. Details from SIPECCA Organisations, 27 rue Felix Merlin, 93800 Epinay sur Seine, France, tel: +33 1484 12727.

European Society of Regulatory Affairs, February 27-March 1, Hotel Princess Sofia, Barcelona, Spain. "Organising your registration submission for 1992 and beyond." Details from Quentin Livingston, Banks Sadler Ltd, tel: 071-388 9526.

Today's Practitioners— healthcare exhibition, March 9-10, Haydock Park, Merseyside. Details from Sterling Events, tel: 051-709 8979.

Scotchem, March 10-11, MacRobert Pavillion, Edinburgh. Details from Maurice Hoare, MGB Exhibitions Ltd, tel: 081-302 8585.

Cosmetics Ingredients Europe, March 13-15, Le Bourget Exhibition Centre, Paris. Details from Alexander Senger, tel: +31 3465 73777.

World Pharmaceuticals Conference, March 18-19, Hotel Inter Continental, London. Details from Financial Times Conference Organisation, tel: 071-925 2323.

Expo Shop '91, March 19-22, NEC Birmingham. Details from Malcolm Sheppard, Batiste Exhibitions and Promotions, tel: 081-340 3291.

Giphac — world trade fair for the pharmaceutical, cosmetic and perfumery industries, March 18-21, Paris Nord Villepinte (Hall 3), Paris. Details from Dominique Lecaillon, tel: +31 4221 8492.

In-Cosmetics, March 20-22, Parc de Expositions, Porte de Versailles, Paris. Details from Evan Steadman Communications Group, tel: 0799 26699.

British Pharmaceutical Students' Association, 49th annual conference, March 31-April 6, Aberdeen. Details from RPSGB, tel: 071-735 9141.

British Society for the History of Pharmacy, conference, April 5-7, Hotel Ibis, Greenwich, London. Details from Dr L.C. Howden, tel: 031-556 4386.

National Association of Women Pharmacists, weekend school, April 5-7, Loughborough. Details from Mary Gwillim-David, tel: 0792 366527.

Guild of Hospital Pharmacists, weekend school, April 12-14, Oxford. Details from Dr Collinge on Oxford 776868.

Institute of Pharmacy Management International, weekend meeting, April 12-14, Green Dragon Hotel, Hereford. Details from Ian Jones, tel: 0274 733466.

Helfex '91, The 11th international healthfood trade exhibition and convention, April 14-15, The Brighton Centre. Details from Cynthia Robinson, tel: 081-398 9888.

International Congress for the History of Pharmacy, April 15-19, Prague, Czechoslovakia. Details from J.E. Purkyne, PO Box 88, 120 26 Praha 2, Czechoslovakia, tel: 422 294141.

Vantage Convention, April 17-21, Athenaeum Hotel, Athens, Greece. Details from Mrs D. Downer, tel: 0928 717070.

International Conference for Pharmacy Technician Educators, April 25-27, Hillerod, Denmark. Details from Adrian Shafford, tel: 0708 746090 ext 3320.

Europharmex — international pharmacy exhibition, April 26-28, Verona, Italy. Details from La Segreteria di Europharmex, Viale Tunisia 37, 20124 Milan, Italy, tel: +02 2900 3555.

Numark Convention, April 26-May 5, Caribbean cruise. Details from Geoff Bass at Numark, tel: 0827 69269.

Retail Design Exhibition, May 19-23, Earls Court, London. Details from AGB Exhibitions, tel: 081-868 4499.

Society of Cosmetic Scientists, annual meeting, May 21, Vanderbilt Hotel, Cromwell Road, London, Details from Mrs L.K. Weston, tel: 0582 26661.

Afro Hair & Beauty '91, May 26-27, Business Design Centre, Upper Street, Islington, London. Details from the conference organiser, tel: 081-365 1246.

AESGP Convention, June 2-4, Cannes, France. Details from Gopa Mitra, PAGB, tel: 071-242 8331.

Geneva Beauty World, June 12-15, Geneva, Switzerland. Details from Roland Pelazza, 10 route du Port, CH-1299 Crans-Céligny, tel: +41 227 760930.

European Society of Regulatory Affairs, June 16-18, Swissotel Rheinpark, Neuss, Dusseldorf, Germany. "Clinical trials: The changing regulatory scene in Europe." Details from Quentin Livingston, Banks Sadler Ltd, tel: 071-388 9526.

Beauty International '91, June 23-25, Olympia II, London. Details from Maureen Cropper Associates, tel: 071-498 1011.

The Health Show, July 4-7, Olympia II, London. Details from Lucy Cook, Swan House Special Events Ltd, tel: 081-783 0055.

Fifth Commonwealth Pharmaceutical Conference, August 26-29, Convention Centre, Hamilton, Ontario, Canada. Details from Midge Monaghan, 816 Forest Glen Av, Burlington, Ontario, Canada. Details from Ray Dickinson, RPSGB on 071-735 9141.

Pharmacy World Congress '91 incorporation FIP 51st Congress, September 1-6, Washington DC, USA. Details from FIP Congress Department, Alexanderstraat 11, 2514 JL The Hague, The Netherlands, tel: +31 703 631925.

First European Conference on Advances in Wound Management, September 4-6, University of Cardiff, Wales. Details from Christine Jones on 071-836 6633 ext 2455.

Neighbourhood Retailing, September 8-10, Wembley. Details from Maurice Hoare, MGB Exhibitions Ltd, tel: 081-302 8585.

British Pharmaceutical Conference, September 10-13, Merseyside. Details from Hazel Maxted, RPSGB, tel: 071-735 9141.

EPoS '91, September 10-13, Alexandra Palace, London. Details from Sue Newman, RMDP, tel: 0273 722687.

IFSCC — between congress conference, September 11-13, Hotel Kalastajatorppa, Helsinki, Finland. Details from The Congress Team, PO Box 227, SF-00101 Helsinki, Finland.

Chemex '91, September 29-October 1, Wembley Exhibition Centre, London. Details from Maurice Hoare, MGB Exhibitions Ltd, tel: 081-302 8585.

Alternativa — exhibition of health products, alternative and natural medicines, October 5-7, Flanders Expo Centre, Gent, Belgium. Details from Alternativa, Gravenstraat 90; B-9810 Nazareth, tel: +091 856442.

Unichem 1991 Convention, October 5-13, Caribbean cruise. Details from Soler Touriste, tel: 081-391 2323.

CTPA annual conference, October 7-8, Viking Hotel, York. Details from Mrs D. Smurthwaite, tel: 071-491 8891.

POS '91, October 8-11, NEC Birmingham (Hall 6). Details from Malcolm Sheppard, Batiste Exhibitions and Promotions, tel: 081-340 3291.

BUSINESS NEWS

Re-launch of Profitline

Numark have re-launched Profitline with more colour and space, and redesigned to provide better product information service.

The Profitline brochure is produced to provide a link between the supplier, wholesaler and retailer and provides details of price, product and market information at monthly intervals. It is used for information and ordering by retailers and as a promotional tool by suppliers.

The brochure has undergone a number of redesigns in its 17-year history to keep it in line with modern trends. The revamped version will emphasise product photographs, offer more features space, and provide space on the cover for product launches.

"The brochure allows the co-ordination of nationwide promotions by suppliers to the more than 2,000 retail outlets which make up Numark's pharmacist membership," said John Liptrot, Numark's product group manager.

Sterling link with Sanofi

Negotiations for a link-up between Sterling Drug, the US parent company of Sterling Health, and the French drug company Sanofi are almost completed, according to the *Financial Times*.

Both companies are medium-sizes in world pharmaceutical company terms and the deal is expected to involve a complex exchange of shares between subsidiaries, though falling short of a merger.

The arrangement would give Sanofi much greater access to the US market while Sterling would benefit from a wider range of drugs to sell in the US.

The alliance is likely to be welcomed by analysts, who say Sterling Drug need more markets outside North America.

Christmas trade not as bad as feared

Disappointment mingled with relief as pharmacy retailers reviewed their Christmas trading figures. Boots, regarded by many in the City as just about recession proof, achieved higher cash sales than last year's record figures but showed a decline of around 3.5 per cent by volume.

Boots' chief executive Sir James Blyth commented: "Set against the increasingly severe economic background this is a creditable performance, but it is considerably lower than the target figure we set earlier this year."

Moss Chemists' managing director Barry Andrews told *C&D* that the Christmas retail trade had been "disappointing and below target". "We ended up slightly down in cash terms on a like-with-like basis, though taking the business overall we showed a small increase in turnover." He said NHS business had been up slightly, and retail a bit down, and pointed to CTN and food as areas which held up well.

Kingswood Chemists' managing director Ray Bray described prescription business over Christmas as "strong, bearing in mind that in 1989 there was a flu epidemic; receipts were about equal to last year". On the cash sales side he said: "Like everyone else we found things disappointing. In real terms we were down on the previous year."

The company has just completed its first year of business since its merger with GK, and the two parts of the business turned in contrasting performances. The Kingswood shops were around 4 per cent down for the six-week Christmas period, while the GK shops produced figures 2 to 3 per cent up on the previous year.

Mr Bray attributes this to the work the company has put in to bring the GK outlets in line with the rest of the business "Lots of effort went into these shops." Overall, the company performance was just slightly down on 1989.

Lloyds said their sales over Christmas were in line with the 29 per cent increase recorded in their final results.

The mood in community pharmacy was broadly similar. David Poile at the Quarry Hill Pharmacy in Tonbridge told *C&D:* "Up to the end of October cash sales were 20 to 25 per cent up on last year but both November and December were 5 per cent down year on year.

However, since Christmas, Mr Poile has found sales to be "absolutely fantastic".

Robert Wright of R.H. Wright in Cheadle, Cheshire experienced a similar pattern. "Trading was slightly lower than last year, though we were very busy in the last week. Even so, this didn't quite make up for the quietness of the earlier trade. Trade kept up earlier in the year but in the last quarter trading was perhaps 5 per cent below last year."

He too has been busy since Christmas, especially with prescriptions and OTC medicines.

However, trading conditions were not the same everywhere. In Birmingham, Mohammed Asif, a manager in the Dispharma group of pharmacies, said business in his shop was up around 12 per cent on the previous year, though he thought special factors depressed the 1989 figures. "A major store nearby had just closed down and locally and snow caused us a few problems." He seemed to be voicing the general view when he told *C&D:* "I'm quite satisfied, but it could have been better."

Quest Vitamins (UK) Ltd are now trading as Quest Vitamins Ltd. Quest Vitamins (UK) Ltd have become a subsidiary of Quest Vitamins Ltd but have ceased trading. The new company has taken over all the assets and liabilities of its subsidiary and will operate with the same staff from the same premises.

Closed after 29 years

The pharmacy at Paddington station is to close after 29 years to make way for a new ticket office. Despite a three year battle to save his business Michael Myers vacated the premises yesterday. "The pharmacy had a very faithful band of customers and they are dismayed at the decision," Mr Myers told *C&D*.

At 54, Mr Myers is not optimistic about the prospects of getting another pharmacy. "I'm looking for an empty shop somewhere close by, but it is a long shot, especially as I will have to be a mile from an existing pharmacy to get a licence."

Mr Myers fought to get his pharmacy relocated on the station but British Rail maintained it was not possible. "The silly thing is that the old station buffet is still empty and so is the old manager's office," he told *C&D*.

"Boots threw in the towel back in the mid 1950s, but now I am sure BR are trying to get Boots or Dallas instead of me."

Mr Myers is particularly bitter about the level of compensation provided by British Rail. "British Rail knew what they were doing; by giving me notice in 1987 they only had to pay compensation calculated on the old rateable value. I can't buy a pharmacy business for £20,000." He believes that calculated on the re-rated value, which pushed the figure up from £4,400 to £80,000, he would have been entitled to over £100,000.

British Rail were unrepentant about their action. "In the short term the reason why we had to give Mr Myers notice is that we need to provide a modern ticket office; Mr Myers pharmacy is where the new building will be," a spokesman told *C&D*. "We gave Mr Myers due notice under the Landlord and Tenants Act, and while he exercised his right to take legal proceedings the cessation of the tenancy was upheld."

BR concedes that a pharmacy is an essential requirement on a station the size of Paddington.

Managing director David Taylor (left) and marketing director Alan Turner (right) present the AAH Pharmaceuticals Supplier of the Year award to Reckitt & Colman's Dave Gutteridge and Russell Savage (centre, left and right)

Chefaro take on glasses

Chefaro, part of Akzo Pharma, will take over the UK sales and distribution of Grett Optik's Easi Readers ready made reading glasses, making them the first major multi-national to enter the market.

Managing director at Grett Optik Colin Whybrow said: "We had talks with quite a few multi-nationals but Chefaro had the right kind of experience to help us both expand and build on the distribution we already hold."

Alan Giles, managing director at Chefaro, said he was delighted to add Grett Easi Readers to their range of products. "We now have everything in place to really drive the business forward," said Mr Whybrow. "Chefaro will enable us to be properly represented in the pharmacy market and our new Japanese partner will ensure we stay in the forefront on lens technology, innovation and styling." Pharmacists should contact Carol Buttercase on 0223-420956 for orders.

Haldane plan new team for Granose Foods

The Haldane foods group have acquired Granose Foods Ltd in what is claimed to be the biggest takeover in the health foods industry in this country. Granose, which produces a variety of soya milk products, fruit bars and organic baby foods, was sold to Haldane for an undisclosed sum.

Haldane, which is the wholly-owned health foods division of British Arkady Co Ltd of Manchester, have appointed Peter Fitch as the new managing director of Granose. A new management team will shortly be appointed to join him.

Commenting on the acquisition, the former managing director of Granose Peter Archer said: "In recent years we have been approached by a number of food manufacturers who were keen to take us over but we were not prepared to consider any bid from companies who did not share our total commitment to the health food trade."

Haldane's accountant David Elliott told *C&D*: "A lot of Granose's and our lines are in a similar market, and there may be some small rationalisation, though generally the product lines are complementary." With Granose, the Haldane group now operate six factories in the UK including the plant Granose opened in Newport Pagnall two years ago at a cost of £3.5m.

The Granose factory will be used by Haldane to expand the production of existing lines to meet increased demand.

Haldane's sales and marketing director Nigel Phillips said: "Our financial resources will enable Granose to grow and fulfill its rightful place in the market. We already have a new range of Granose products which we will be launching at Helfex in April."

Receivers put F. Chambers up for sale

Cosmetics and graphite pencils manufacturer F. Chambers & Co Ltd called in the receivers just before Christmas. The Nottingham based company had been trading for over 75 years.

Mr F. Chambers, the grandson of the founder of the company said: "The postponement of a large order and the increasing cost of financing the company's borrowing left the directors with no alternative but the ask the bank to appoint a receiver."

The company employs over 100 people at its Sandiacre site where it supplies cosmetic pencil products to both the cosmetics trade and some of the UK's largest retailers.

Nick Dargan, the insolvency manager of receivers Touche Ross commented: "We reviewed Chamers' order book and the possibility of continuing to trade. It was hoped that by continuing to trade we would be in a position to sell the business as a going concern and preserve jobs in the company's workforce".

Assets of the company include freehold and leasehold properties on a 1.5 acre site and a turnover of around £2m on a product mix of 75 per cent cosmetic pencils and 25 per cent speciality pencils.

Prospective purchasers should contact Touche Ross on 0602 500511.

BRIEF

Romanda Health Care have taken over the OTC business of Tillomed Laboratories. Products now marketed by Romanda include Keviss hair tonic and a range of vitamins and supplements in bulk or blister pack for pharmacists to own label. The company has recently taken over Cap-Sure, who marketed the supplement Selena. Details from Jan Adam, Romanda House, Ashley Walk, London NW7 1DU (tel: 081-346 0784).

COMING EVENTS

Celebratory day out

To help celebrate the Royal Pharmaceutical Society's 150th anniversary, the Scottish Executive are holding a family day, reunion and trade show at Scone Palace, Perth on Sunday June 23.

Events will include reunion bars for each of the Scottish schools of pharmacy, food, children's entertainment and a guest celebrity.

Anyone interested in attenting or in further details about the trade show should contact one of the following — Dr L. Howden, Scottish Executive (031-556 4386), Frank Sutherland, AAH Pharmaceuticals (0925 717070) or John Spence or Ian Long, IMA Events (061-434 9125). Scottish members will be invited.

Monday, January 14

Eastbourne Branch, RPSGB. Open evening at the hospital pharmacy, Eastbourne General Hospital at 8pm.

Southampton Branch, RPSGB. Duphar Laboratories, West End, Southampton, 7.30 for 8pm (refreshments). "It shouldn't happen to a pharmacist — animal health".

Tuesday, January 15

Banff, Moray and Nairn Branch, RPSGB. Gordon Arms Hotel, Fochabers at 8pm. "Patient compliance" by Mr A. Williams.

Fife Branch, RPSGB. Anthony's Hotel, Kirkcaldy at 7.45pm. "Drug addiction in Fife".

Leicestershire Branch, RPSGB. Day trip to London with visit to RPSGB headquarters and Parliament.

South Staffordshire Branch, RPSGB. Civic Hall, Lichfield, 7.30 for 8pm. "Community pharmacy in West Germany" by Dr Temple.

Stirling and Central Scottish Branch, RPSGB. The Royal Hotel, Bridge of Allan at 8pm (buffet). "Leukaemia — causes and cures" by Dr Tony Birch.

Wednesday, January 16

Liverpool Branch, RPSGB. Duncan Building, Royal Liverpool Hospital, 7.30 for 8pm. "Dietary and medicinal control of coeliac disease".

Thursday, January 17

Bedfordshire Branch, RPSGB. Coach and Horses, Barton le Clay at 8pm. "Implications of 1992 for pharmacy in the UK" by Colette McCreedy, NPA.

Dundee and Eastern Scottish Branch, RPSGB. Lecture Theatre 2, Ninewells Medical School at 7.45pm. "What is a pharmacy facilitator?" by Mr A. Hagan.

Northern Scottish Branch, RPSGB. The Coach House Inn, Inverness at 7.45pm. Report on "Exhibition of pharmacy".

Wirral Branch, RPSGB. Wirral Postgraduate Medical Centre, Clatterbridge Hospital at 8pm. "Medicinal plants, uses and arrangements" by Dr Pat Woodside.

Friday, January 18

Cardiff and South Glamorgan Branch, RPSGB. Ty Maeth, University Hospital of Wales, Heath Park at 7.30pm. Chairman's night —

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For an application form and job description or further information please telephone either Alastair Gibson, Principal Pharmacist, or Irene Mepham, Staff Pharmacist, on 0273 696011 ext 3164.

Closing date: 25 January 1991

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If you would like to know more about this post or would like to visit the department contact Elaine Bannon, Dispensary Manager on 0708 746090 ext 3327 or Geraldine Alder, Deputy Chief Pharmacist on 04023 45533 ext 2552.

Application form and job description available from Personnel Department on 0708 746090 ext 3039.

Closing date: Friday 1st February 1991.

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APPOINTMENTS

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We are determined to grow our interests in the hospital market by developing existing business and identifying potential new areas for development. This is an ideal opportunity to display your astute business acumen and experience of working with hospitals.

With a proven track record, selling products or services into hospitals, or from a buying role within a hospital you must demonstrate good interpersonal skills and the ability to develop rapport with customers.

HOSPITAL REPRESENTATIVE

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London and South East

D2

Your experience of the hospital business - from selling into hospitals, or as a Pharmacist, or Qualified Technician - will enable you to operate successfully at the sharp end of our expansion into this exciting new market.

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RETAIL REPRESENTATIVE

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In all these positions we need ambitious and highly motivated individuals who are able to turn ability into the rewards they deserve!

If you have the ability to succeed, write with a full career history or CV to: Roger Edwards, Group Personnel Manager, Medicopharma UK, 219b North Street, Romford, Essex, RM1 4JX. Please quote the appropriate reference number.

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ABOUT PEOPLE

Last English pharmacy in Paris closes

Gerald Toogood, the last British pharmacist to work at the renowned English pharmacy Roberts of Paris, says its recent closure after 170 years marks the end of an era. He attributes its end to "the loss of a certain class of customer, supermarket shopping and, above all, the continual increase of overhead charges".

Mr Toogood served his apprenticeship with Crosby & Crosby in Harrogate from 1921-23 and obtained his diploma at Leeds College in 1926. He then worked for John Bell & Croydon, London, and Roberts in Paris and Rome. From 1930-39 he was head of foreign specialities at the Pharmacie Bailly. He later returned and was in charge of publicity for Pulmo Bailly in English speaking countries.

The Paris pharmacy was founded in 1820 by a Dr Roberts in Rue de la Paix to satisfy the large British colony that settled there.

Later the British Ambassador in Paris agreed that there should always be a qualified British pharmacist present at the outlet.

In 1954 Jean Goiran bought the business and transformed it into one of the most modern and beautiful in Paris, according to Mr Toogood. He returned to Roberts in 1954 and remained until 1970.

"Nowadays French doctors prescribe sophisticated pharmaceutical specialities so there is little need for pill or cachet machines nor the necessity for the presence of a British chemist," says Mr Toogood.

Roberts of Paris was situated between the Paris Opera House and the Place Vendôme, and is next door to Cartier and Mappin. Jean Goiran and his daughter Michèlle currently own the business

Hemingway leaves JRC

Managing director of John Richardson Computers, Keith Hemingway has left the company.

Mr Hemingway established an organisational framework for the company to develop in two new product areas: electronic point of sale and dental computer systems. Both of these projects are now well-advanced with the Apollonia dental computer system, which will be ready for marketing early this year.

Mr Hemingway says he will now be concentrating on other business ventures, although it is intended that he should be retained as a consultant to JRC.

DEATH

L.A. (Bob) Chatterton, MRPharmS, of "Langdale", 9 Yarborough Road, Skegness, aged 89. *W.F. Patterson, FRPharmS writes:* "Bob qualified in 1926 and spent his working career in Sheffield. He was a very active member of the Branch and Pharmacy Club Committees for many years, serving as chairman in both organisations.

"His diligence and common sense was a great example to us all, and his tact made him most popular. He was the assistant secretary to the 1977 Sheffield BP Conference, and gave such valuable service.

"He is survived by his widow Hazel, two daughters, grandchildren and great grandchildren."

APPOINTMENTS

Elizabeth Arden Ltd have appointed David Titheridge as national sales manager; Mike Pragnell takes over as regional manager — South. He is replaced as West End sales manager by Ian Brown, who joins the company from Christian Dior. Juanita McVey is appointed national training manager.

Medicopharma UK have appointed Robert Lamb as general manager of Butler Pharmaceuticals.

Hadley Hutt Computing have appointed Anna Morgan as sales manager. Mrs Morgan graduated from the School of Pharmacy, London in 1983 and joined the company in April 1990.

Janssen Pharmaceutical Ltd have appointed John Daly as director of ethical marketing and sales. Due to continued growth the company have separated the ethical and non-ethical functions. Alan Hicks has been appointed sales and marketing director with responsibility for animal health and pharmacy divisions.

Thompson Medical Co Ltd UK have appointed David Farrar as managing director, effective from January 1. Anthony Broad retires from the post but will remain as consultant during 1991.

Crookes Healthcare have made two new appointments to their healthcare division. Ros Hinds becomes group product manager for brands including Optrex, Strepsils and Karvol. Chris Bunniss becomes product manager for a range of brands including Mycil and Mycota.

Lornamead have announced the promotion of R.P. Alagan from operations manager to operations director for Celsius International and Tura International.

Essex Local Pharmaceutical Committee. Miss B.A. Snashall has been appointed secretary in succession to Miall James. She was manager of the Macarthy Wholesale depot in Southend until it closed five years ago. Since then she has worked as a locum.

AAH Pharmaceuticals have appointed Verity Mayne as sales representative for the south west London and Surrey area. She will be based at Footscray.

Hugh Butler (left), a founder member of Onward group of pharmacy wholesalers, receives an engraved tantalus from Nathan Rabin (I&N Rabin Ltd, London) at a lunch in his honour. He served as chairman for 12 years until E.H. Butler became part of Medicopharma in 1990

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OTC remedies, medicines and generic pharmaceuticals will be on show alongside a comprehensive selection of toiletries, cosmetics, fragrance, photographic products and reading glasses.

Computer systems, shopfitting ideas, wholesalers and financial services will all be represented.

MEET THE PRESS

Scotchem sponsors, Chemist & Druggist, as well as Beauty Counter and Community Pharmacy will all have stands at Scotchem.

NPA

The National Pharmaceutical Association will be at Scotchem to offer advice and assistance on the services offered to retail pharmacists. Brochures will also be available.

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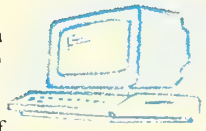

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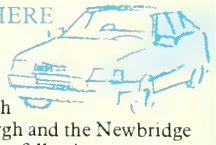
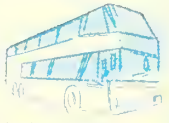
HOW TO GET THERE BY CAR



The centre is well signposted on the A8 dual carriageway which runs between Edinburgh and the Newbridge Interchange, linking the following motorway networks – the M90 to the North – the M9 to the North West – the M8 to the West and the M8-M74-A74 leading to the South. Free car parking for 20,000 cars is provided at the Centre.

BY BUS & COACH



Services every fifteen minutes from Edinburgh, to a variety of destinations in Central Scotland, pass within 5 minutes walk of the Exhibition Centre.

In addition to the public transport service, MGB has arranged for a special coach service to be provided from Glasgow, Edinburgh Station and Newcastle.

BY RAIL

Edinburgh is served by frequent Inter-City and other rail services from all parts of the country. Over 200 trains arrive daily at Waverley Station, only six miles from the MacRobert Pavilion.

BY AIR

The Exhibition Centre is adjacent to Edinburgh's International Airport.

EXHIBITORS

Approved Prescription Services
Beauty Counter
Beauty International
Brita (UK) Limited
Charwell Pharmaceuticals
Chemist & Druggist
Chemtec
Claydon Wholesale
Community Pharmacy
Creightons Naturally
Crookes Healthcare
Doncaster Pharmaceuticals
Doncaster Pharmaceuticals (Perfumes) Limited
Elida Gibbs
Fairscan Pharmacy Systems
Farmitalia Carlo Erbu
G. A. P.
International Laboratories Limited
John Richardson Computers Limited
Kent Cosmetics Limited
Keyline Brands Limited
Laughton & Son Limited
Max Factor
National Pharmaceutical Association
Nelson
Norgine Limited
Original Additions (Beauty Products)
Panpharma Limited
Park Systems Limited
Paul Murray
Pharmadass
Phoenix Fashion Accessories
Porta Products
PPLS
Readi Read Limited
Reckitt and Colman
Rimmel International Limited
Robinsons Babyfoods and Drinks
Scottish Fine Soaps
Sterling Health
Torbet Laboratories
Ultraglow
Weleda UK
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List as at 20/12/90

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